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Notes and Items.

PATRON (to restaurant waiter): "Got any Brie cheese?"

Waiter (astonished): "Only the pair I've got on, sir."—*Hotel Mail*.

A LOUISVILLE man the day after being bitten by a mosquito was seized with convulsions, his right side became paralyzed and he was not expected to live.

LARGE numbers of hogs are dying of a disease resembling cholera in the country around Hacketts-town, N. J. One farmer has lost twenty and has others sick.

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Prof. M. Semmola, M.D., of Italy, says: Having tested and made repeated examinations of the RESTORATIVE WINE OF COCA, I hereby testify that this preparation is most excellent as a restorative in all cases of general debility of the nervous system, especially in disorders arising from excessive intellectual strain or other causes producing mental weakness. I also consider this wine invaluable for the purpose of renewing lost vitality in constitutions enfeebled by prolonged illness, particularly in cases of convalescence from malignant fevers.

Prof. Wm. A. Hammond, M.D., in the course of some interesting remarks before the New York Neurological Society, on Tuesday evening, November 2, called attention to the impurities existing in most of the preparations of wine of coca, which vitiated their value, and he then said:

"Most of the wines of coca contain tannin and extractives, which render the taste of the article astringent, most disagreeable, and even nauseating, especially in cases where the stomach is weak. The difficulty arises from the fact that these wines of coca are made from the leaves, or even from the leavings after the cocaine has been extracted. The active alkaloid, which is the essential element, is therefore wholly lacking in some of these preparations, and this renders them practically worthless.

"I therefore asked a well-known gentleman of this city if he could not prepare a wine of coca which should consist of a good wine and the pure alkaloid. He has succeeded in making such a preparation. It seems almost impossible that there could be any such a substance, for its effects are remarkable.

"A wineglassful of this tonic, taken when one is exhausted and worn out, acts as a most excellent restorative; it gives a feeling of rest and relief, and there is no reaction and no subsequent depression. A general feeling of pleasantness is the result. I have discarded other wines of coca and use this alone. *It is the Health Restorative Co.'s preparation.* (Italics ours.)

"I have found it particularly valuable in cases of dyspepsia and weak stomach. The cocaine appears to have the power to reduce the irritant on of the stomach and make it receptive of food. In extreme cases, where the stomach refuses to take anything, a teaspoonful of the wine may be tried first; the stomach will probably reject it. Another teaspoonful may be given, say fifteen minutes later, and this will possibly share the same fate; but by this time the cocaine in the wine will have so reduced the irritation of the stomach that the third teaspoonful will be retained, or at least the fourth or fifth, and the stomach thus conquered will be in a condition to retain food, which should be given without the wine.

"This wine of coca may be taken by the wineglassful, the same as an ordinary wine; there is no disagreeable taste; in fact, it tastes like a good Burgundy or Port wine. Taken three times a day before meals or whenever needed, it has a remarkably tonic effect, and there is no reaction. The article produces excellent results in cases of depression of spirits; in hysteria, headache, and in nervous troubles generally it works admirably. It is a simple remedy, yet efficacious and remarkable in its results."

FEBRICIDE.

A complete Antipyretic, a Restorative of the highest order, and an Anodine of great Curative Power

R.—Each pill contains the one-sixth of a grain of the Hydrochlorate of Cocaine, two grains of the Sulphate of Quinine, and two grains of Acetanilide.

In the dose of one or two pills, three times a day, "Febricide" will be found to be possessed of great curative power in Malarial Affections of any kind, and in all inflammatory diseases of which Fever is an accompaniment. For Neuralgia, Muscular Pains, and Sick Headache, it appears to be almost a specific. Reports received from Physicians of eminence warrant us in recommending "Febricide" in the highest terms to the Medical Faculty.

N. B.—The pills being made without excipient, and with only coating sufficient to cover the taste, their solubility is almost instantaneous, and consequently of great advantage where prompt medication is required.

Dr. R. C. McCurdy, of Livermore, Pa.: Have used FEBRICIDE in two cases with grand results. In one case of sick headache it acted immediately.

Dr. A. J. Rogers, Juniata, Neb., writes: Your sample of FEBRICIDE had not been in my hands an hour when I was called to see an old lady suffering severely with Rheumatism and Hyperaesthesia which was very general, and also with Asthma, of which she had suffered for many years. I gave her a pill three times a day until she had taken eighteen. She began to get relief after the fourth pill and continued to improve. By the time she had taken twelve pills, Rheumatism and Acute Sensitiveness were no more, and she has not felt anything of them since.

Dr. J. A. Brackett, of Pembroke, Va.: "I have used Febricide in case of childbed fever with remarkable effect, temperature 103°. I had tried other usual remedies without much change; soon after using Febricide the change was like magic."

Dr. C. E. Dupont, of Grahamville, S. C.: "Febricide has proved of great benefit to the patient I tried it on. It was a case of Malarial Toxaemia in an old lady; the attacks had become very irregular and lately had been attended with intercostal neuralgia, which alarmed her exceedingly. The pills acted well and quickly, as heretofore it usually took me ten days, at least, to relieve her of an attack, but this time she was up on the fourth day and wanting to go on a visit."

P. M. Senderling, A.M., M.D., of Jersey City, N. J.: writes: July 13 I was called upon to visit a lad aged 18 years, who had been suffering for over two weeks with, as alleged, "Inflammatory Rheumatism," and had been attended by another doctor and discharged as convalescent a week prior to my first visit. I found him in this condition: pulse 110; temperature (under tongue) 103.35; the right knee-joint greatly swollen and intensely painful, a troublesome diarrhoea also present. Careful inquiry and examination demonstrated to my mind that the difficulty or "Materia Morbi" was clearly traceable to malarial influence. I at once placed him under the treatment which for years I had found most efficient, but up to the 16th I had utterly failed to reduce, either his temperature or frequency of pulse. On my morning visit of 16th I found his condition thus: temperature (under tongue) 104.25; pulse 116 and his general condition indicative of great suffering. I at once suspended all other treatment and gave him one pill "Febricide" every three hours. At 8 P.M., 16th inst. I found my patient much better, his temperature had fallen to 102; pulse 96; and his general appearance indicating decided improvement in every particular. On 17th his temperature had fallen to 101.15; pulse 90. 18th 100.15; pulse 90, and with great improvement in condition of knee joint, the swelling, abnormal heat and sensitiveness were entirely gone. I am so confident this case will speedily and perfectly convalesce, that I do not deem it necessary to delay communicating the result of my first trial of the "Febricide." I will say that in this case antifebrin and antipyrin were successively tried in full doses, and to meet the synovitis, full doses of quinine and salicylate of soda were also used. The local treatment being alkaline lotions which I did not discontinue.

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I trust the profession will give them a trial, feeling confident that they will be well pleased with the results obtained. Yours respectfully,
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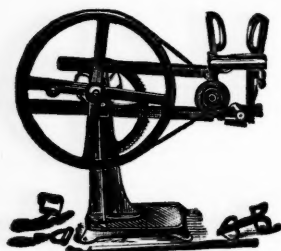
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The Company has adopted the policy of sending a **Committee of Investors** each year to Kansas and Nebraska to examine its loans and methods of business. The Committee for 1888 made a very flattering Report, and the one for 1889 has just returned. It was composed of **Dr. Francis W. Boyer**, a well known physician of Pottsville, Pa.; **M. H. Olin**, President of the Citizens' Bank, Perry, N. Y., and **Irving H. Tift, Esq.**, Counsellor at Law, 271 Broadway, New York. The Report is as follows:

ATCHISON, KAS., June 29, 1889.

Hon. Albert H. Horton, President of the GUARANTY INVESTMENT COMPANY,

DEAR SIR: As a Committee of Investors appointed to make the annual examination for 1889 of the Company's Loans and methods of business, we respectfully submit the following report:

We take pleasure at the outset in commending the policy of the Company in making an investigation of this kind, and consider it a wise one for the Eastern Investor, as it enables him to obtain disinterested information in regard to a class of Securities which is continually attracting greater attention in the older States.

In order that it may appear that this information is absolutely unbiased, we would say that no instructions of any kind were given us, except to make the investigation thorough and to report faithfully the results of such examination.

In carrying out our plan of operation, we examined carefully the methods employed at the Atchison Office, in keeping the record of all Loans, and in addition, travelled over two thousand miles in Kansas and Nebraska, examining the lands upon which Loans have been made. We drove in carriages about seven hundred miles, and visited over fifty Counties in the two States.

We were able to examine over 100 different Loans, and in many instances talked with the Mortgagors about the prospects for crops, and their ability to meet payments of interest and principal.

These Mortgages range from \$200.00 to \$3000.00, and we take pleasure in stating that we did not examine a single one which in our opinion was unsafe. Some of the Loans were held by different members of your Committee, and we would not be likely to report them as safe, unless they were so in reality.

The prospects for crops were exceedingly good throughout Kansas and Nebraska, and in many sections a very heavy yield of wheat and oats had been already harvested.

In conclusion we would say that we were highly pleased with the methods employed by the Company in making and taking care of its Mortgages, and shall be inclined to purchase more of them and to recommend them to others.

Yours respectfully,

IRVING H. TIFFT,

FRANCIS W. BOYER,

M. H. OLIN.

A more detailed Report was made by the Committee, and the Company will be pleased to mail it, together with a very interesting pamphlet descriptive of the general development of Kansas and Nebraska.

The Company keeps on hand at all times a large number of loans equally as safe as any examined by the Committee.

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(Please mention The Times and Register.)

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Made wholly from cow's milk with the exception that the fat of the milk is partially replaced by cocoa butter. Cocoa butter is identical with milk fat in food value and digestibility, being deficient only in the principle which causes rancidity. The milk in *Lacto-preparata* is treated with Extract of Pancreas at a temperature of 105 degrees, a sufficient length of time to render 25 per cent. of the casein soluble, and partially prepare the fat for assimilation. In this process the remaining portion of the casein not peptonized, is acted upon by the pancreatic ferment in such a manner as to destroy its tough, tenacious character, so that it will coagulate in light and flocculent curds, like the casein in human milk.

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		MILK SUGAR	64 "		and compare it with every other food used in artificial feeding of Infants.
		FAT	10 "		
		MINERAL MATTER	3 "		
		CHLORIDE of SODIUM added . . .	½ "		
		PHOSPHATES of LIME added . .	½ "		
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Lacto-Preparata is not designed to replace our **Soluble Food** but is better adapted for Infants up to eight months of age.

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This preparation has been thoroughly tested, and found to produce the happiest effects in Headaches, Neuralgia, Sleeplessness and General Nervous Irritability. We are confident that the above combination will be found superior to any of the various preparations that are used in nervous affections. It is not only a nerve sedative but a Brain and Nerve Food. The depressing effects of the sedative ingredients are fully overcome by its reconstructive constituents.

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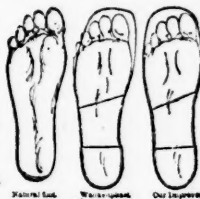
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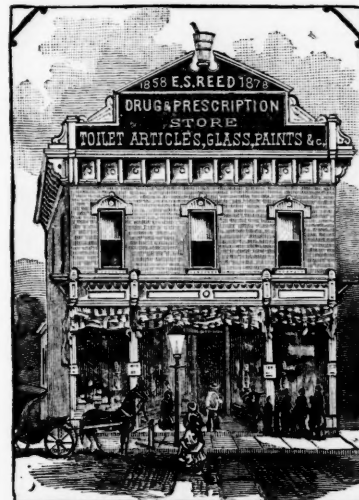
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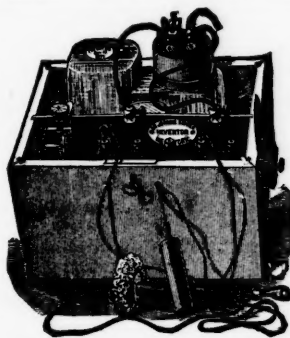
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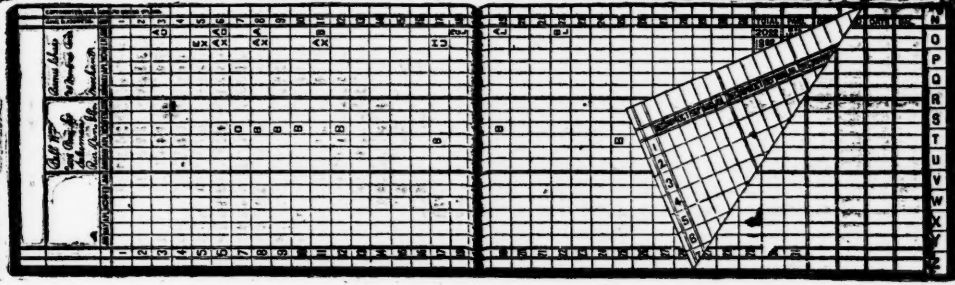
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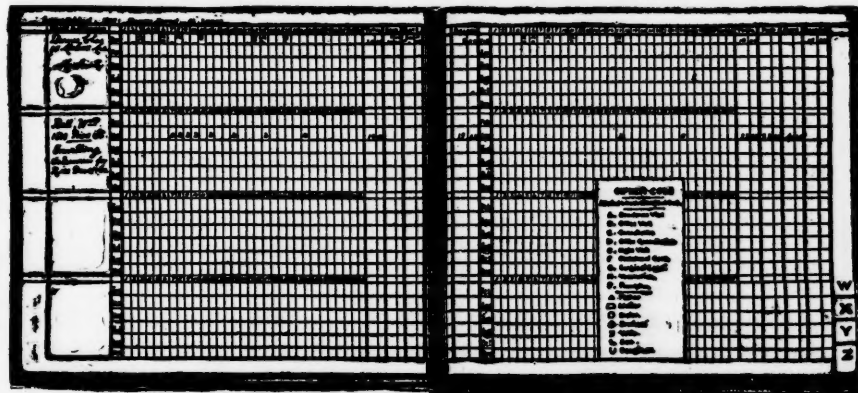
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The Medical Register.
Vol. VI, No. 141.

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CAUSES OF ACQUIRED INSANITY.

By JOSEPH JONES, M.D.,

Professor of Chemistry and Clinical Medicine, Tulane University of Louisiana; Visiting Physician Charity Hospital, New Orleans, La.

WE have, after critical study and analysis, been able to refer those cases of acquired insanity, which have come under our immediate observation and professional care in Georgia, Tennessee, and Louisiana, to the following causes:

I. HEREDITARY CONSTITUTION OF THE CEREBRO-SPINAL NERVOUS SYSTEM, INDUCED BY INTemperance, Syphilis, and other causes acting upon one or both parents, as self-abuse, and excessive venery.

Hereditary insanity, implying hereditary weakness of the nervous system, generally comes on without the intervention of appreciable exciting causes.

The nervous system seems to be peculiarly liable to be involved in the effects of hereditary degeneracy, and this is frequently evinced by the occurrence of mental symptoms at those periods of life when either rapid structural developments take place, special functional altering is and was exhibited, or is ultimately arrested; or upon the advent of senile decay.

We have thus an insanity of pubescence, a climacteric insanity, and a senile insanity.

Idiocy and imbecility are also frequent results of hereditary weakness, showing itself during foetal life, or during the period of dentition.

The insanity which often affects women at parturition, the insanity of pubescence, climacteric, and senile insanity, may often be traced to hereditary weakness of the nervous system.

2. MASTURBATION.

The excitement incident to the habitual and frequent indulgence of the unnatural practice of masturbation leads to the most serious constitutional effects; and in some cases to the loss of the higher moral feelings, entire degradation of the moral sense, and hopeless insanity.

The effects of masturbation are more especially manifested in the nervous system, the functions of which are more or less perverted. The mental faculties become more or less affected—there is great despondency, loss of memory, irritability, irregular action of the heart, derangement of digestion, prostration of strength, headache and neuralgic pains. There is a general loss of health and strength; chronic hypochondriacal invalidism, epileptic seizures, ending in many cases in impotency and hopeless insanity.

Guardians, parents and teachers, cannot be too careful in guarding those entrusted to their care from this most degrading and pernicious of all habits.

The effects of masturbation in inducing insanity, may be witnessed in its victim long after the cessation of the pernicious habit.

The child of the masturbator is liable to hereditary insanity.

3. ALCOHOLIC POISONING.

Alcoholic insanity is met with in three forms:

(a) Acute alcoholic insanity.

(b) Chronic alcoholic insanity.

(c) Delirium tremens.

(a) *Acute Alcoholic Insanity*.—Acute alcoholic insanity seldom occurs except where there is a strong hereditary tendency to mental disturbance, or when the cerebral energies have been notably impaired by excesses or over-work. When all these predisposing causes exist, it may not require a large dose of alcohol to bring on an attack.

Mania a Potu.—The most frequent form of the affection is known as *mania a potu*—a violent maniacal delirium, with a tendency to homicidal acts.

In some cases the mental disorder takes the melancholic form, and it becomes necessary to guard especially against the strong suicidal tendency which generally characterizes it; unless the brain has been weakened by repeated attacks, both forms are curable, and generally of short duration.

(b) *Chronic Alcoholic Insanity*.—Chronic alcoholic insanity is one of the results of chronic alcoholism, and illustrates in a forcible manner the solidarity of the psychical and somatic functions of the nervous system and the interdependence of these morbid manifestations.

The mental symptoms are generally present from the beginning, though not always prominent enough to attract special attention. The sleeplessness, so characteristic of the commencement of mental disorder, is an early symptom; then restlessness and depression, with suicidal tendency, sometimes passing rapidly into complete dementia; but generally passing through a course of mental and moral degradation, which progresses step by step with the symptoms of failure of physical nervous power.

Chronic alcoholic insanity presents many points of resemblance to the *general paralysis of the insane*, and is in some cases only to be distinguished from it by the presence of the mental depression, which is seldom more than a transitory symptom in the general paralysis.

(c) *Delirium Tremens*.—It is important to note that after the acute symptoms have passed away, in some cases, there is left behind a state of subacute insanity of a characteristic nature.

At first suicidal symptoms are apt to appear; suspicions of poisoning; fear of impending evil; and hallucinations of hearing, and sight are often frequent.

That ordinary *vinic* or *ethyl alcohol* is a sufficient exciting cause of alcoholic insanity is beyond doubt. The more concentrated the form in which alcohol is taken, the more surely and rapidly are its characteristic effects induced; and although some beverages give a greater liability to certain forms of disease than others, yet the ultimate tissue changes produced by all are practically similar, and of a markedly degenerate character.

The purest alcoholic fluids will also induce the *acute forms*, but some of the phenomena observed in the worst cases of alcoholic poisoning have been referable with some probability to admixture with *fusel oil*, *essential oil of wormwood*, *oculus indicus*, and other substances more deleterious than corn alcohol itself.

Chronic Habitual Drinking often Hereditary.—

Chronic habitual drinking is undoubtedly hereditary in many cases, not that the ancestors have been necessarily drunkards, but that the family is of unstable nervous organization, and that the neurotic traits which show themselves in other members in such affections as epilepsy, hysteria, insanity, are manifested in these cases by an intense craving for alcohol.

Sometimes a pernicious education, by fostering habits of indulgence in early youth, has led to subsequent excess and chronic alcoholism, and the injudicious prescribing of stimulants has occasionally been productive of similar harm.

PATHOLOGICAL ANATOMY OF ALCOHOLISM.

It is well known to pathologists that a large amount of ardent spirits acts on the nerve centers as a narcotic poison, and causes rapid death by coma; smaller quantities produce intoxication, accompanied with or followed by an acute congestion and catarrh of the alimentary canal, especially of the stomach and duodenum.

Habitual dram drinking, by altering the chemical composition of the blood, and checking the normal changes of its corpuscles, exerts an injurious influence on the nutrition of the tissues. This is increased by the lessened consumption of food, and by the alteration in the caliber of the bloodvessels, set up at first by a special action on their vaso-motor nerves, and afterwards maintained by degeneration of their coats, as well as frequently of the heart itself.

Alcohol interferes directly with the nutrition of the cell elements of the various organs, including the cerebro-spinal system, as it circulates through them, and it retards the elimination of effete materials—carbonic acid, uric acid, and urea.

In chronic alcoholism the amount of fat in the blood is increased.

Chronic congestion and catarrh of the stomach, leading to atrophy of the glands, and an increase in the submucous connective tissues, is very common.

The liver is at first enlarged from congestion, and may continue so from a subsequent infiltration of fat, but more frequently it shrinks, owing to cirrhosis.

Lobar emphysema, chronic bronchitis, and hypostatic pneumonia are common.

The heart is flabby, dilated, and presents fatty infiltration, and even degeneration of its muscular tissue, but it may be hypertrophied, probably as a result of coexistent disease of the kidneys.

The arteries and endocardium are studded with small deposits; the capillaries are congested, and the veins varicose.

The kidneys exhibit the fatty, or more commonly, the granular form of Bright's disease.

The muscles are pale and flabby, and even in the bones the formation of fat takes place, at the expense of the bony texture.

The nervous centers are atrophied and tough, the convolutions are shrunken, the nerve cells and the nerve fibers are wasted, and an increased amount of serous fluid exists in the ventricles and subarachnoid space. The abnormal adhesion of the dura mater to the cranium, the large pacchionian bodies, the opaque

arachnoid and the thickened pia mater, all testify to an exaggerated development of fibrous tissue. Occasionally hemorrhage within, or softening of the brain, consequent upon the distended state of the bloodvessels, is met with.

We have in the preceding well-known pathological alterations, induced by the continuous and immoderate use of alcoholic drinks, an explanation of the terrible effects of intemperance in filling our jails, prisons, hospitals, and insane asylums, with miserable, diseased, suffering, and incurable human beings.

4. THE CONSTITUTIONAL EFFECTS OF THE ACTION OF THE POISON OF SYPHILIS.

Insanity may result from the degeneration of the ganglionic cells and nerve tissues, and from the formation of gummatous tumors upon various portions of the cerebro-spinal nervous system, consequent upon the action of the poison of syphilis.

When constitutional syphilis affects the brain and nervous system, the mental symptoms that arise are found in the majority of cases to present marked similarity in their character. The mental disturbance is generally preceded by distressing sleeplessness, which is generally followed by increased depression of mind.

Religious anxiety of a peculiar hopeless character frequently shows itself. Exaggerated self-accusings are earnestly uttered by those who have previously been unusually callous as to the results of their actions. The feeling of alarm which accompanies these symptoms sometimes develops into a violent excitement, which may be called maniacal.

The development of gummatous products within the cranium is frequently evinced by symptoms similar to those of general paralysis; during the progress of the disease, attacks of acute delirium are not unusual. Sometimes extravagant delusions, such as are frequent in general paralysis, are exhibited. Very generally the progress of the disease is characterized by a general falling into dementia.

5. EPILEPSY: CONGENITAL, HEREDITARY AND ACQUIRED.

6. RELIGIOUS EXCITEMENT.

The contemplation of certain hypotheses and dogmas, held and vehemently urged from the pulpit, by some religious sects, have, without doubt, produced great excitement and alarm in the minds of persons of excitable and unstable nervous organization. The burning eloquence and moral pictures of the religious enthusiast and fanatic, and the horrible revelations of the melancholy and sinister imagination of Dante, have converted the souls of the unwary and timid into the abodes of terror and alarm.

Certain dogmas, often represented and illustrated by this fiery language, and by the subtle power of the painter's brush, as the fires and tortures of a burning hell, a veritable lake of fire, where fiery billows eternally wrap the bodies and souls of the damned, and whose shores forever resound with the piercing, truly hopeless shrieks of those inhabitants of this earth who have failed to enter heaven, on account of the commission of personal sins; a veritable living

devil, ever on the alert to seduce and damn the souls of men, women and children, and drag the unwary down to everlasting confusion and suffering in the bottomless pit—the *unpardonable sin*—have for centuries terrified the weak and timid devotees of certain phases of religious belief into hopeless insanity.

The violent exercises of certain religious sects, during the performance of so-called religious exercises, such as shouting, hopping, jumping, dancing, *demoniacal* "holy" laughing, often induce epileptic seizures, and inaugurate such congestion and exhaustion of the nervous structures as induce religious melancholy and end in hopeless insanity.

The hallucinations which in the experience of the author exercise the greatest influence on the victims of insanity are:

1. *The firm belief by the victim that he is the slave and the abject subject of the devil.*

To all remonstrances the victim replies that he must obey his master, the devil.

I have observed and treated cases where the victim of religious melancholy and hallucination has for days and weeks refused all food, because *his master, the devil*, commanded him not to eat. In some cases, every agent and every effort to induce the patient to take food have failed, and death has resulted from starvation.

2. *The commission of the unpardonable sin.*

3. *The eternal damnation of the human soul; lost, lost, lost forever.*

In all cases of insanity resulting from religious excitement which I have examined from their inception, the following appears to be the order of symptoms:

(a) Congestion of the brain, with more or less fever.

(b) Increased rapidity of the circulation.

(c) Persistent sleeplessness.

(d) Intense acting of the ganglionic centers of the brain, and especially of those connected with the imagination.

(e) High-colored urine, with an increase of phosphoric acid.

(f) Foul breath, furred tongue, loss of appetite and derangement of digestion.

I have never observed a case of so-called *religious insanity*, which did not present marked physical derangements in addition to the mental phenomena—the physical disorders often preceding and dominating the mental aberrations.

7. POLITICAL EXCITEMENT AND CERTAIN POLITICAL AND RACE CHANGES, SUCH AS THOSE WROUGHT BY THE GREAT AMERICAN CIVIL WAR, 1861-1865.

8. PERSISTENT, DEEP-SEATED AND UNCONTROLLABLE GRIEF, CAUSED BY DOMESTIC AFFLICTIONS, LOSS OF PARENTS, CHILDREN, WIFE, HUSBAND, ETC.

9. DISAPPOINTED AFFECTIONS, DOMESTIC QUARRELS, WITH THE ATTENDANT EXISTING UNHAPPINESS, AND OFTTIMES MORAL DEGRADATION.

10. SUDDEN REVERSES IN BUSINESS, LOSS OF PROPERTY AND MONEY.

11. MELANCHOLIA FOLLOWING GYNÆCOLOGICAL OPERATIONS ON THE FEMALE GENITAL ORGANS.

The effects upon the nervous system of the numerous abdominal sections and frequent ablations of the uterus and ovaries, have not been fully described, and are subjects for earnest and careful investigation.

12. CLIMACTERIC CHANGES.

13. SUNSTROKE.

14. REMITTENT FEVER.

15. MORPHINE, COCAINE, OPIUM, TOBACCO AND OTHER POISONS.

16. THE ACTION OF VARIOUS POISONS, AS THOSE OF MALARIA, LEAD, MERCURY AND ARSENIC.

It would be foreign to the purpose of the author to discuss the effects of race, occupation, climate, age, education, and many other subjects upon the production, increase or decrease of insanity.

THE TIME ELEMENT IN OFFICE PRACTICE.

By F. W. HIGGINS, M.D.,
CORTLAND, N. Y.

I WISH to present for your discussion this question—Is it desirable or practical to devote to an office patient more time than is usually done?

This is a very busy world and doctors are very busy men. Many do not find time to attend medical meetings. Very many are too busy to eat or to get a full quota of sleep. Most are too busy to take a vacation. Probably one half cannot attend church regularly. Medical journals lie unopened, and many new medical books are unread for want of time.

The typical successful physician is a man busy in a private office, with a score of patients in the waiting-room. Regard for their time as well as his own almost compels him to hurry through the examination necessary to a diagnosis, and limit the treatment to a swiftly written prescription. It seems almost absurd to ask such a man to give more time to each patient.

But, it cannot be doubted, that in the heart of this successful busy man there are regrets that more minutes or hours cannot be spent with some dubious case. Or with the physician who is not so driven, but who turns off his patients with the same dash and dispatch, there must remain a lingering doubt of his real usefulness to society.

There is a story in a late journal "that there was, some time ago, a doctor whose morning levees were crowded beyond description. It was his pride and boast that he could feel his patient's pulse, look at his tongue, probe at him with his stethoscope, write his prescription, pocket his fee, in a space of time varying from two to five minutes." One day an army man was shown into the consulting room and underwent what may be called the instantaneous process. When it was completed the patient shook hands heartily with the doctor and said: "I am especially glad to meet you, as I have often heard my father, Colonel Forester, speak of his old friend, Dr. S." "What!" exclaimed the doctor, "are you Dick Forester's son." "Most certainly I am." "My dear fellow, fling that infernal prescription into the fire,

and sit down quietly and tell me what's the matter with you."

While the plea of want of time must, with some, excuse this haste in dealing with cases, and the eclat of this condign manner of disposing of a patient recommend it to others, there are manifest disadvantages in the weak diagnosis.

Glaring blunders are unavoidable. Enteritis has been called colic; a dark brunette, with dyspepsia, has been called a case of Addison's disease; a truss has been ordered for a testicle in the inguinal canal, and itch treated as urticaria, all from neglect to look for easily detected signs.

The uncertainty of the facts collected in this hasty way often renders the scientific value of cases reported almost valueless. If a practitioner acquires this habit he is not accustomed to give to himself or to others a reason for the hope that is within him. His opinions on the prognosis or proper treatment of a case are not so fixed in his own mind that he is prepared to follow them to the extremity.

When it is possible to give time to a case, the patient's complaint can be often traced back to an ulterior cause, the removal of which, alone, gives us control of the secondary affection for which our advice was sought.

A headache may be due to a retroverted uterus, the only avenue of permanent relief; a dyspnoea should not be prescribed for until anæmia, valvular disease of the heart, emphysema, Bright's disease, or some of the other known causes are discovered. But an answer to questions of this kind does not lie on the surface; the physician must take time to give a definite one.

Since we now-a-days believe in treating persons, not diseases, the previous history becomes almost a necessity to the proper management of the present condition. But this takes time to elicit. More than that, the influence of hereditary tendencies is so strong that the family history must be obtained before we are satisfied with our comprehension of the case in hand.

The temperament and idiosyncrasies of the patient are also matters to be taken into consideration. These should be even noted in our case-books, if we would exactly apply a remedy which must be used for a long time.

This poor case-book is one of the principal sufferers from the lack of time. Large gaps, or a history, symptoms, and diagnosis comprised in a single word, attest the desire to speed the parting to welcome the coming patient.

Physical signs being often so easily detected by an educated ear or hand are less often slighted than other necessary points. The waste of time appears most in getting the patient undressed and dressed again. In heart murmurs and lung râles, however, it is not the loud, easily detected, blowing sounds that have the most significance. It is the still, small voice.

There are many finer aids to diagnosis sadly neglected for want of time to apply them. Urine analysis, by some used daily, is by others a rare feat, and then limited to boiling it. Often we do not have time to bother with a microscope. We treat ears by

syringing with warm water and a blister, because it is too much trouble to throw the light into them with a forehead-mirror.

But now, when we have taken time to gather all the symptoms, signs and history of the case, when a diagnosis of the disease, or rather the diseased condition is clearly made out, there comes the greatest temptation to slur over our remaining duty. Our scientific zeal is satisfied by detecting the signs of disease. We yield to the paralyzing pessimistic therapeutics of the times, and allow the patient to go away with a prescription for any one of the familiar preparations, or mixtures, which happens to come first in mind. It is just at this point, after the diagnosis is made and before the prescription is written, that time in the treatment of office-cases is invaluable.

We all exclaim against the evils of routine practice. Nor are we, as family physicians, justified in treating series of similar cases with the same remedy simply for the sake of comparing results. Fortunately we have hospitals where salol may be given to one hundred cases of rheumatism while another hundred are confined to antipyrin; but we have no right to perform these admirable experiments upon our private patients.

If we take a fee of our office-patient we are morally bound to give him the best treatment possible in the present state of medical knowledge. But the field of medicine is so broad, diseased conditions are so varied and modified, remedies are so numerous, and their desired good effect so often counterbalanced by the harm they may do, when given continuously, and the reflexes upon distant organs, both of the disease and the proposed remedy, so complex, that no rule of thumb will answer. It is here that the nice adaptation of means to ends, the faculty we call judgment, demonstrates the reliable, successful physician; this is the faculty that determines the value of the physician to the community. These judgments and decisions are not always forthcoming on the instant. To be valuable they must be the result of calm deliberation.

In our own affairs of importance we take time for the mind to act, "to make up our minds," as the expression is. Carpenter was the first to explain clearly how, by what he terms unconscious cerebration, the mentality absorbs the facts presented, which are elaborated and assimilated in the dark chambers of the mind beyond our ken, from whence in due time flashes back to our consciousness the conclusion. It is conclusions crystallized in this natural way in the deep recesses of our own minds upon which we will stake our reputations, and, if necessary, our all. They are a part of ourselves. If suddenly formed, we call them instincts. If no step in their formation is discovered, we may call them inspirations. This faculty is the *spirit* in man; the ego, the divine.

An invalid is incapable of determining what shall be the course to pursue to bring *himself* back to health. All the conditions in his case must be apprehended by the trained mind of the physician whom he employs. It is the crucible of another's mentality upon which he must depend for that polished product of the soul we call a conclusion.

Should not the muffle have ample time to heat in an analysis so important and complex?

There are emergencies where conclusions can and must be formed at once. But the *finished* production is by letting the mind dwell on the matter, viewing it on all sides, sleeping over it. There is a sort of clairvoyant condition, an abstracted state, when the mind acts untrammelled, if time be allowed.

The idea that a physician, alone of any trade or profession, is to know all he is ever to know about a case on the spur of the moment, is probably a relic of the old superstitions when he was a magician, a necromancer, and his black art was not subject to mortal limitations.

To us younger men the practical question is, will it pay to spend so much time with a patient?

The uniform scale of prices is a great hindrance to attempting more thorough work. If we have fixed our rates at fifty cents, or one dollar, for an office call, there is an almost irresistible tendency, when fifty cents' worth of our time is used up, to turn off the patient. The usual rates are so low that one feels compelled to attend to a number of patients each day in order to make the month's receipts anything respectable. Then, from the first, we naturally copy the methods of older men who feel compelled to give their advice without going into the minutiae of all the complaints of their patients. They get to consider many of the troublesome things, bookish and impractical. We turn off our few patients in the same style as they, and then spend the rest of the office hour in solitude. If a physician's fee were graduated somewhat like an architect's, or a lawyer's, or even a plumber's, or a shoemaker's, more and better work could be profitably done on a case. Why should a physician alone, of all the professions or trades, not receive pay according to the time spent? A watchmaker or mechanic expects so much an hour for his time. Why should we not receive the same for work just as necessary, important and skilful?

Since there are but twenty-four hours in a day, it is in cases requiring time that the younger physician has an immense advantage over his longer established confrère. While one may have more experience, more patients in the waiting-room, a longer ride, and is apparently in a fair way to control the market, there are many important, tedious cases that the young man with *time* is far better qualified to treat. Indeed, it is just at this point that the reputations of many have been made; their best work done.

The treatment of orchitis by strapping the testicle, of dilatation of the stomach by lavage, of otorrhoea by boracic insufflations, of gleet by bougies, of catarrh by *any* method, require patience and *time*.

As the clientèle of the physician increases it is possible that the quantity of work done will interfere with its quality. It *must*, unless time is still given to the patient.

A dentist does not find it policy to put in a gold filling less carefully and thoroughly as his office fills with waiting customers, or they begin to tire and leave. It rather attaches us to our lawyer if we are told that he is very busy that day, but will see us tomorrow at three.



We now have a class of physicians called specialists, who do take all the time and pains necessary to cases in their particular line.

If a love of his profession, or what would seem sound business principles, compel the growing physician to still devote much time to each patient, he naturally becomes a specialist. He is necessarily a specialist, in fact, if not in name, in that branch to which most of his time has been devoted. If, in no other field, he becomes a specialist in that much neglected one of general practice.

A NEW NAME PROPOSED FOR THE VENTRICULAR BANDS.

By EPHRAIM CUTTER, M.D., LL.D.,
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IT is almost amusing to find out how little one knows, even after years of study, of a given subject. For example, the writer has studied his own larynx since 1862, inspecting his vocal bands, the ventricular bands, arytenoid cartilages, during phonation,

cantation from  to  laughing, coughing, sneezing, respiration and deglutition, but it was not till 1884 that he had a clear idea of the function of the ventricular bands more commonly called "false vocal cords." To be sure he had traced the alarming, clangorous, peculiar cough in spasmodic croup (which is usually very alarming to all concerned) to be due to the thickening, probably almost œdematous condition of the ventricular bands. One case is particularly remembered of a young lady about eighteen years old who, apparently well, would at times exhibit this "croupal" cough. When this cough came on in school, it excited at first alarm in teachers and scholars all over the room. When the cough was produced under the laryngoscope, the contact of the ventricular bands was trifid, dividing the ventricular plane into three (3) equal parts like a circular disc cut into three equal portions. This was a unique curiosity, and seems to explain the peculiar tussive cough by the chronically swelled condition of the ventricular bands. The case should have taught that the ventricular bands are the chief physical agents in producing cough, by holding the breath back and fixing the diaphragm so that it presses the air forcibly against the closed ventricular bands, which, suddenly and instantly relaxed, allow the air to rush forth as if projected from a weapon, and thus the explosive sound is produced we call "cough," and the outgoing air expels whatever secretions may have been borne upward by the ciliae of the bronchial and tracheal epithelia to where the air can reach. From this function in cough, the ventricular bands might be called cough bands or cords.

But their chief function in health is the holding of the breath. Prof. C. W. Emerson, Ph.D., principal of the Munroe School of Oratory, Boston, lately stated to his pupils "that for many years he had taught that the vocal cords were the chief agents in holding the breath and not the rigid setting of the abdominal muscular walls and diaphragm: that in normal breathing, the vocal bands close for an instant

during expiration, and the action of the diaphragm and of the abdominal muscles thus arrested forces the inspired air into the apices of the lungs, expanding them in a normal manner and supplying fresh air, and that thus the full development of the upper chest was obtained and maintained in speaking and singing; that in unhealthy respiration the vocal cords did not close and hold in the air, and that hence flat, weak chests and weak voices were the natural consequences of the unresisted outgoing; that when he came across some articles on the subject,¹ he found it was not the vocal cords, but the ventricular bands that did this work of arrest." After this statement, the writer demonstrated on himself the fact that the ventricular bands close in order to hold the breath during phonation, etc., and that so far as can be seen the vocal bands have a rest during this function of holding the breath, which is of the greatest importance to speakers and singers who wish to do efficient work, and to bring the subject home to the medical man who reads a paper and to the audience who is listening to him.

In 1884, the writer appealed to the professional laryngologists to give a new name to the false vocal cords or ventricular bands, but as he has heard of no response to this appeal, he ventures now to suggest some names for approval—premising that the word "chords" or "cords" is not expressive enough of the situation—for to do so one has to imagine a cello D string, about one and one-quarter inches long, split longitudinally into two equal parts, a section of the end being a semi-circle; the rounded side of the string forming the bands and the squared side prolonged into the walls of the larynx. Imagine a cello string like this. How little music it would make. The fact is, the nearest analogy to the vocal bands is found in the lips of a player of a cornet, stretched over the embouchure of the mouthpiece; only the vocal bands are joined in front and opened behind, whilst the lips of the cornet player are joined at each side. The vocal bands are made tense by the stretching backwards of the arytenoid cartilages, etc., while the lips are stretched over the circular ring of the open mouthpiece. Players speak of "making a lip," but singers and speakers "make their glottis" instinctively.

The ventricular bands are illy named, because the ventricles they form with the vocal bands are accidental things and not important functions, of which we have spoken, to wit: the proper holding of the breath in respiration, phonation, cantation, sneezing, etc. Suppose we follow the nomenclature, vocal bands, then we might call the ventricular bands, (1) breath bands, (2) breath holders, (3) breath cords, (4) breath valves.

If, instead of the vocal bands for the true vocal cords, we say "voice bands," then the writer would prefer for the false vocal cords "breath bands," until some one else favors us with a better name. But as false vocal cords have gone, so shall ventricular bands

¹ (a) Gaillard's *Medical Journal*, October, 1884; (b) "Transactions Music Teachers' National Association" (America), 1887; (c) "Transactions International Medical Congress," 1887, Vol. IV. pp. 105-111. (E. Cutter, author.)

go, as being inexpressive of the functions of the important mucous membrane, red-colored processes, or bands, that form the middle of the three valves of the larynx, to wit: (1) the epiglottis, (2) breath bands, (3) voice bands.

The closing of one after the other, beginning with valve three, Dr. Frederick Semeleder, now of Mexico, showed beautifully, in 1862, during the function of swallowing.

ACUTE CROUPOUS PNEUMONIA.

BY E. B. CRONE, M.D.,
KERKHOVEN, MINN.

AT present I wish to report a series of forty-eight cases of acute croupous pneumonia. Beginning in November, 1888, there have been continuously cases of croupous pneumonia on my hands until June 1, 1889, and in the treatment of these cases there has been a splendid opportunity offered to test the different methods. My conclusions are that there is no specific for pneumonia, no one remedy that is safe to use alone, and that were I confined to one single remedy, it would be brandy. Brandy for the aged, brandy for the maiden, brandy for the baby. They will all take it; and nearly all get well in this climate. It is my impression that pneumonia in Minnesota is not as fatal and dangerous a disease as it is in the East; it has been my observation also that operations are more successful here than in the malarial districts of the Southeast. It is a rare thing for extensive suppuration to take place. I have had an amputation wound of the thigh unite without a drop of pus, and the patient discharged in fifteen days. It must be that the pure air, so heavily loaded with ozone, has a salutary influence on wounds and all kinds of "inflammations." In the forty-eight cases, I only lost two, both old men; one seventy-four and the other sixty-eight years of age. One of these I did not see until the fifth day, and in the other the fever had entirely subsided; but he died from exhaustion on the twentieth day of illness. In the first cases I used tincture of aconite, and antipyretic doses of quinine, with whiskey or brandy, at about the period of crisis. Some of my cases got very bad; if it had not been for the whiskey that I gave to counteract the damage done the heart by the aconite and quinine, the death list would have been large. I soon saw that aconite was an injury to my patients, and quinine also in large doses; then I tried antipyrin and antifebrin. Each case seemed to be slow to get up, and depressed. Wherever it was used it would lower the temperature, and give a deceptive appearance of crisis; then, in a few hours, the fever would rise higher than before and the patient become more agitated and nervous, and seem to have less resisting power. Those cases were among the slowest convalescents, so I discarded these drugs entirely in the treatment of pneumonia.

I used many different potions with negative results, but never failed to give brandy if the symptoms seemed bad; and in my last twenty-five cases my prescriptions would run like the following, quite in the stereotyped fashion: If called to the case within

twenty-four hours after initial chill or stitch in the side, I would order:

Ammonii carb. ʒjss.
Pot. citratis,
Pot. nitratis āā ʒiv.
Syr. tolu,
Aquæ āā ʒij.

M.—Sig. One drachm every two hours the first day, and every three hours thereafter.

Morphine sulph., in one-eighth grain doses, was administered to give rest, and continued until about the fourth day. With a fever of 104 or more to begin with, by the fourth day it would not be over 102, and that is a safe temperature. Antifebrin had better be given to the dog than to the man now. On the fourth day I would change the recipe to about the following:

Ammonii carb. ʒjss.
Tinct. cinchonæ comp. ʒj.
Spt. vini Gallici ʒxv.

M.—Sig. Mag. coch. every two hours; to be increased in quantity if a change in patient demanded it.

At this time I would also order two-grain doses of quinine every four hours, if the patient seemed weak and not standing the sickness well. About the time of crisis the heart failure was very prominent in some cases, and I would order the brandy mixture to be given every hour, and also strychnine sulph., gr. $\frac{1}{30}$, every three or four hours. Digitalis was used in the first of the series, but discontinued; it does not seem to be the proper heart stimulant. Whiskey and strychnine met the indications much better. When I was a student in the east my preceptor used to treat pneumonia with ergot, in some cases nothing but ergot, and it was astonishing how they died all around him; and they will die around any man that is looking for a specific for this disease. As for topical applications I tried poulticing, cotton wadding and the blister; but a short time ago I read in the proceedings of the New York Medical Society that a gentleman arose and read a paper on pneumonia, and therein stated that he could abort any case of pneumonia by the application of a blister to the side affected. I was astonished, for blisters are no new thing, they were used long ago, before he or I were born, and why has the disease been allowed to run and carry off the best of our race, if the application of a blister would abort it? The fact is it is not true. He overrated the usefulness of the blister in a manner that ought not to pass unnoticed; if there is a stitch in the side possibly the blister may give relief, but it is not sure, not near so positive as morphine. I tried the blister early and repeatedly, and it did not abort a single case. I am positive the statement the gentleman in Gotham made is incorrect. In cases of young children, I relied principally upon a wadded jacket, with an application twice daily of lin. tereben. and lini. ammon. to the chest, and after the seventh day, if the patient still had fever, my prescription would be:

Pot. iodidi ʒii.
Ammon. iodide ʒjss.
Ammon. carb. ʒjss.
Tinct. sanguinariæ ʒj.
Syr. pruni Virg. ʒiv.

M.—Sig. One drachm every two hours.

In some cases I gave also syr. ferri lodidi.

This would seem to hasten resolution, the brandy being continued until patient was able to sit up. Milk and egg flip, beef tea, gruel, anything and everything but heavy meats that we could get down were administered; the more the better, the more they took the less flesh they lost. This is about the treatment employed in the forty-eight cases, with a fatality of four per cent. in all kinds of unselected cases, and among these were several over sixty years of age, and many far out in the country, where daily visits were impossible. These are no new remedies that I suggest, but it is the proper application of remedies, the action of which is understood. In looking over the authorities in my library, Niemeyer, Bartholow, Eichhorst, Loomis, Pepper, Davis and others, I do not find the prescription for the early stages that I employ. Ammo. carb., they recommend, but in addition to that I add two valuable agents. At the beginning, when the fever runs high, there is almost a total suppression of urine, in some cases the system becoming overloaded with excrete materials that are normally washed away. The nerve cells and centers becoming burdened are irritated and various nervous phenomena appear, delirium, subsultus and the like. Now, my first prescription is the proper thing to wash those nerve centers clean, increase the quantity of urine, relieve the body of the substances that are poisonous. The temperature falls, the skin loses that hot, burning feeling, the mind becomes clear, and with the other remedies at crisis the patient is soon convalescent. On the other hand, bleed a patient into his own veins and weaken the heart, the same as aconite does, and you have all the conditions present to cause a fatal termination unless the attack is light or vitality great.

My paper is long, and I will not advance more reasons or theories for the use or disuse of other drugs, but the line of treatment above given is so satisfactory to me that I hope others may use it also.

Hydrotherapeutics.

By S. BARUCH M.D.

Attending Physician New York Juvenile Asylum and Manhattan General Hospital.

IV.

TECHNIQUE IN ACUTE DISEASES.

THE earliest application of water in the treatment of disease was in fevers. Simple ablution was in these primitive periods of medicine the method resorted to, and it stands to-day at the head of all hydiatic procedures in the initial stages of fever, independent of its course or type. The temperature of the water should be in accordance with the degree of temperature, elevation, and disturbance of comfort. Water at 60° F. is a safe average.

It is of the utmost importance in all fevers to begin treatment early, although it is impossible always to diagnose clearly the type of fever, the fact remains that the latter is a symptom, whose subdual contributes greatly to the diminution of danger, to the

enhancement of comfort, and to the removal or prevention of local lesions. It is therefore incumbent upon the practitioner to resort to hydiatic treatment immediately upon being called to a case of pyrexia whose cause is not clear. If typhoid fever does not develop, the patient's comfort will be enhanced and his recovery from the less severe form of fever hastened; if it does develop, valuable time will be gained; sponging, as usually practised, is inefficient. While it somewhat refreshes the patient, the cooling effect is not maintained because the impression on the periphery is too evanescent. Ablution with the naked hand or with a small napkin combined with gentle friction is a better method, several folds of sheeting being placed upon the side of the bed opposite to that usually occupied by him. The patient is laid upon it, and each part of the body, with the exception of the feet, is successively dashed and bathed with water at 60°. If the temperature continues high after two days, the half bath is the next procedure. A bathtub is placed near the bed, and filled with water at 65 to 70° for about ten inches. The patient, after bathing his face and head with ice-water, is seated in the bath and is now washed, under active friction, with the bath-water for fifteen minutes. During this time, every five minutes a basin of water at 60° F. is gently poured over his head and shoulders followed by friction with the open hand, dipped repeatedly in the bath water. A linen sheet having been spread upon the bed, the patient is laid upon it and wrapped in it from the neck to beyond the feet. If his reactive power is good, which may be readily discovered by the amount of hyperæmia of the surface which the hand friction has produced during the bath, the patient may be allowed to remain in the sheet and is covered with another, or with a thin blanket. If the reactive power is not good, he is rapidly dried with the sheet and covered with another, over which blankets are spread. The latter is rarely encountered in the early stage of fever. This bath may be repeated every five to six hours, so long as the temperature exceeds 103°. It may be continued for two days. If, on the fourth day, there is no abatement in the temperature, the full bath may be resorted to. We have shown by indisputable statistics that the full bath treatment, first suggested by Brand, has reduced the mortality from typhoid fever from 40 per cent. to 2 per cent. Never in the history of medicine have such extensive statistics been gather from such reliable sources. Figures often lie, but in this instance the source of the figures is so reliable and yet so varied that no judicial mind would refuse them credence.

Granting therefore that the method introduced by Brand is the ideal bath, followed by ideal success, the technique of this method becomes of immense import.

The modified baths above referred to will have prepared the patient for the adoption of the more strict measures. Ziemssen's graduated bath is another step in this gradual preparation. It is advisable until the diagnosis of typhoid fever is clear, when no deviation should be made from the strict Brand method. A tub is placed near the patient's bed and filled two-thirds with water at 95°. The patient being placed

in the water in the sitting or recumbent position, as may be indicated by his condition; cold water is gradually added, while he is being bathed with gentle friction, and the water is constantly agitated. Warm water is withdrawn and cold added until the bath water presents a temperature of 68° F. The duration of the bath should be half an hour; the first bath may be even as high as 75° F. Patient is then wrapped in a linen sheet, dried and covered, and a stimulant administered. This bath should be repeated, say every three hours, so long as the temperature reaches 103° F. It may be continued until the diagnosis of typhoid fever is clear. Now, the tub should be filled with water at 65° F., the patient's face, head and chest having been bathed with ice water, he is gently placed in the bath. Two attendants gently rub the surface with open hands, so that the superficial vessels become dilated. The patient remains in the bath fifteen minutes, or until decided chattering of the teeth indicates that the cooling process has proceeded far enough. Simple pilla or small pulse, which may be due to contraction of the superficial vessels by the cold, should not deter the attendant from continuing the bath. The patient is now wrapped in a linen sheet. If his reactive power is good, as evidenced by a hyperæmic skin, he is allowed to dry in the sheet, if not he is dried, warm bottles are placed to his feet, the lower extremities are wrapped in blankets, and a stimulant is administered.

A compress of four thicknesses of old linen reaching from the axillæ to the pubis and covering the entire anterior portion of the body from the axillary line on one side to that on the other, is wrung out of water at 60° and laid singly upon the surface. This is renewed every ten or fifteen minutes.

After patient has been made comfortable, the temperature is taken in the mouth for the purpose of recording. If this be delayed long, sleep may ensue as a result of removal of the disturbing elements of pyrexia.

The bath is repeated, without reserve, every three hours, so long as the mouth temperature reaches 103° F. Natural sleep should not be disturbed, but stupor, listlessness and a dull sopor demand the repetition.

The water need be renewed only every twenty-four hours, unless it has been soiled by the patient.

The rationale of the bath treatment and several of its modifications in the complications of fever will be subjects of the next article. The reader may here be reminded that the chief merit of all hydiatic procedures lies in the fact that they are based upon rational, physiological data, whose delineation forms the most interesting feature of the teacher of hydrotherapeutics. Unfortunately this cannot be maintained of medicinal remedies, whose value, however, I am far from underrating.

INFANTILE CARDIAC HYPERTROPHY (Copland).—

R.—Infusion of digitalis 220 grs.

Nitrate of potash,

Syrup of orange flower 8 grs.

Dilute prussic acid gtt. 14.

M.—Sig. One teaspoonful every two hours (for a child of five years).

Revue de Thérapeutique.

The Polyclinic.

HYSTERO-EPILEPTIC ATTACK.

M. R., aged thirty, white, single, school teacher; decidedly neurotic type of constitution inherited from father. Ever since girlhood has been the victim of fainting spells and spasms. Health is otherwise generally good. Bowels, appetite, and menstruation regular. Suffers occasionally from headache. Usually a drachm of the tincture of valerian has sufficed to break all former attacks of spasm, which were generally preceded by some physical or mental strain, quickly followed by more or less vertigo.

History of present attack: Menstruation occurred twice in the month, and both times was scanty and painful; walking had been indulged in to excess during the day of the attack, which occurred at 7 P.M. Dizziness and a dull headache. All of a sudden, while dressing for tea, patient was seized with general convulsions and clonic spasms over the whole body, accompanied with an intense throbbing pain in the head. As usual, the valerian was administered, without any effect. I was summoned about three-quarters of an hour after the attack began.

Patient was then trembling violently from head to foot, so much so that five or six persons were unsuccessful in their endeavors to hold her quiet. Every few minutes she would scream out and grasp her head, complaining of the intense pain. Consciousness was not entirely absent, though the mind was far from clear. The surface of the body and lower extremities were at first cold and cyanosed, afterwards warm and flushed. Slight opisthotonos was present. Eyes strongly turned inwards (internal strabismus). Hands clinched, and had to be held to prevent her seizing and tearing her hair. Teeth were strongly pressed together; mouth frothy; no biting of the tongue. Pupils could not be examined in the darkened room as carefully as was desired, and a light brought near the bed caused renewed excitement and terror. Pulse slow, full, and normal in beat. Temperature normal, as taken by the thermometer under the arm. No involuntary evacuations. Respiration slow and slightly labored, but very regular. Skin at first cool and clammy, then warm and ruddy.

At once administered a hypodermic of morphine (gr. ¼) in left arm, repeating the same in the right arm about twenty minutes later. Ice and iced cloths were applied to the head, and strong mustard applications were made to the soles of the feet. About a quarter of an hour after the second hypodermic, began giving 10 gr. of potas. bromid. in a little iced water every fifteen minutes. Room was kept as dark and still as possible. Pressure was made on certain of the nerve trunks, but without any perceptible effect.

In a short time the spasms and general convulsions became less violent, while the delirium increased. Every shadow and slight object in the room was taken for a "snake and his green eyes." Consciousness became a little clearer, but only during short, widely separated intervals. There would be a comparative calm for about five minutes, followed by a

sudden wild stare and a cry to take away the "snake" and remove the "worms" and "bugs" crawling on the bed and over the skin. Pulse grew slower and weaker; skin became hyperæsthetic, and there seemed to be considerable muscular soreness. Pain along the spine, and especially of the head, was complained of. The consciousness and delirium continued to rapidly alternate. The bromide was continued until nearly sixty grains were given. I then left the patient for three-quarters of an hour, as she seemed easier, though the tremblings continued vigorously. When I returned the tremblings were increasing and the delirium was still violent. **Forty grains of the bromide** were administered at once, the room made totally dark, and all attendants dismissed save one. The ice and counter-irritants continued as before. Some singing, as I requested, was started in the house, and the patient's attention being drawn to it from her own terrors, she fell into a short, quiet sleep of about twenty minutes. From this she awoke perfectly conscious, and inquired what had happened and where she was. Her whole manner and speech betokened that she was totally ignorant of what she had passed through. This was about an hour and a half after I had first seen her. Pulse and respiration were now slow, feeble, and regular. Tremblings still continued, but very much less marked in character. Exhaustion was great. As patient seemed inclined to sleep, she was left alone with a single attendant.

Called in the morning and found that the sleep had continued till 5 A.M., but not as profoundly as had been anticipated. Tremblings were now mainly confined to upper limbs, and were very slight, coming on only about every fifteen or twenty minutes. Just before daylight patient had urinated and taken a drachm of ol. ricini, as ordered. Pulse, temperature, and respiration about normal. Exhaustion great, muscular tenderness excessive, particularly about the arms; consciousness perfect, and all delirium absent.

Ordered to be taken every two hours:

R.—Tr. belladonnæ gtt. v.
Morphin. sulph. gr. 1-24
Aquæ 3j.

Absolute rest, plain, nutritious, chiefly milk, diet was ordered, with occasional cool sponging, if the last was not too disagreeable on account of tenderness, etc. In a few days patient was rapidly improving and sitting up, weakness and some soreness of the head being all that was complained of.—*Mettler*.

OBSTINATE EPISTAXIS.

R. S., aged twenty, came to see me with blood flowing from her nose so profusely that in five minutes her handkerchief was completely soaked. Her family history was good; she, herself, was of the hemorrhagic type, and had suffered frequently from nose-bleed, though not so severely nor for so long a time as this; menses, bowels, and appetite normal. The present attack began on a Monday, while the patient was engaged in washing. She had been under treatment with another physician, visiting him twice a day, to have her nostrils plugged and to take

medicine, but the hemorrhage continued, the blood running forward over the lips and backward into the throat.

When I first saw her, the following Thursday afternoon, I tried douches of iced water and vinegar, iced salt water, tannic acid, boracic acid by insufflation, but without the desired result. I then dipped a piece of cotton in Monsel's solution and plugged it as far as possible into the nostrils. This checked it somewhat, but upon withdrawing the plug some time after there was a slight oozing of blood still. I then put some of the Monsel's solution in water (about 5j to 3iv) and sprayed it through an atomizer well into the nares. This stopped the hemorrhage completely, both backward and forward. This took about three-quarters of an hour. Soaking a large piece of raw cotton in the diluted Monsel's solution, I stuffed both nostrils with it; gave a prescription containing in each dose, ext. ergot, f3jss, tr. aconit. rad., gtt. jss, syrup of ginger and water, to be taken every hour until two doses had been taken, and then once in four hours, telling the patient to return in evening if there were any signs of bleeding again.

Patient did not return until next morning, when I removed the cotton and found a very slight oozing of blood. Again, the diluted Monsel's solution was used through the atomizer, the nostrils stuffed with the soaked cotton, and the prescription continued every four hours. Patient complained of some weakness. Patient again called following morning, when I found that the hemorrhage had ceased entirely. I then syringed the nostrils with cold salt water, thus removing some of the larger clots which still remained in the upper nares. The ergot mixture was diminished in frequency and quantity, and the following powder ordered to be used by insufflation:

Acid. boracic, }
Pulv. amyl, } p. e.

More than five months after patient told me that she had up to that time no return of the hemorrhage.
—*Mettler*.

RED CROSS FIELD HOSPITAL, JOHNSTOWN.

SOME amusing cases that applied to "The Red Cross Doctor from Philadelphia" for treatment.

CASE I.—A man who had spent \$500 in three years trying to get a pain in his back cured. The first doctor had started with a slight diuretic, and gone from that to a milk diet, blisters, and porous plasters. Finally, it had been agreed to apply the hot iron to his spine as a last resort; the flood, however, prevented that.

Raising the heel of one foot three-quarters of an inch higher than the other made "a miraculous cure."

CASE II.—An old man walked forty-five miles in from Bedford County to get a cure for his son, who had fits. On my telling him that I could do nothing without seeing the boy, he started home saying:

"He always did hear them hospital doctors was bent on examining everything."

CASE III.—A man, one week after having two toes amputated, walked ten miles into town to ask if it had been "done right." He returned contented

home on my telling him that *it couldn't have been better.*

CASE IV.—A girl, nineteen years of age, who had been married four years, blushing informed me that she had an "anterior retroflexion" of the uterus, consequently she was without children. She simply wanted some medicine to put her parts back in place. On my asking if her husband was a healthy man, she said "she couldn't see how that made any difference about her having children."

This being such a *serious* case, I thought best to call Dr. Biddle in consultation. She expressed such virtuous horrors at the mention of an examination that we put her on the heroic treatment of quinine sulph., one grain, in a glass of water at each meal, and succeeded in getting the uterus about twelve inches nearer its proper place. She feels confident now of raising a large family thanks to her books.

CASE V.—An attractive girl of twenty-three was sent to me as a possible case of diphtheria complicated with mumps. On being told that honest confession is good for the soul, she admitted that two years before a bad young man had taken advantage of her. Hydrarg. prot. iodi. gr. $\frac{1}{4}$, t. i. d. Result: Discharged in two weeks with good advice and box of pills, but *no* swelling in the neck.

A man asked me calmly if I had any fluid extract of peraxicum, as he was troubled with "a chronic torpidity of the liver," and feared he had "some hepatic bronchitis."

A Western Union lineman fell forty-five feet from a telegraph pole and came in to have me remove a splinter from his finger.—*Dr. H. A. Starkey.*

IS "HIGH" GAME POISONOUS?—The vitiated appetite which can only relish game when it has become "high," or in plain English putrid, is not likely ever to become popular. Poor people generally find it hard enough work to get ordinary meat, and have neither the means nor inclination to indulge in such a questionable luxury as "high" game. The question at the head of this paragraph, however, is one which affects rich and poor alike, to some extent, because stale and putrid meat of any kind is equally unwholesome. Dr. Lauder Brunton has been investigating the subject, and some of the results of his investigation are dealt with in an article in *The Hospital*. Dr. Brunton finds that when meat has become tainted there may always be found in it putrefaction microbes. These microbes, it is true, may be destroyed, and so rendered harmless by a sufficiently high temperature—that is to say, by a temperature sufficiently high to thoroughly cook the meat. That being so, the question arises how can the meat retain its poisonous qualities? The answer to this is that the microbe may not be the only cause of putrefaction, or even the direct cause of putrefaction at all, but if the microbe secretes a poisonous substance ten times more energetic in action than itself, and if this substance is of such a nature that heat does not destroy its deadly activity, the evil consequences of eating tainted meat will be the same whether the meat be cooked or not. Meat which

has become tainted by the presence of putrefactive microbes may possibly be cooked sufficiently to destroy the microbes themselves, whilst the ferments they have formed continue to decompose the meat, and give rise to poisonous substances. That the action of the ferments are not destroyed by cooking is apparent from the fact that if such cooked game is kept uneaten for a short time decomposition is at once seen to be at work. Such being the case, the wonder is that poisoning by ptomaines—as the poisons generated by bacterial action are called—is not more common. Still, there is no doubt that the frequency of attacks of diarrhoea in summer time is largely due to this cause; and those who would avoid this malady will do well to eschew the use of "high" game or tainted meat of any kind.—*Globe.*

CONTRIBUTION TO THE SURGERY OF THE ABDOMEN.

—Dr. J. S. McArdle, of St. Vincent's Hospital, Dublin, describes an instrument consisting of a strong rubber balloon, a manometer, for determining the pressure used in distending the bowel, and a long connecting tube for attachment to the stomach or rectal tubes. For the purpose of inflation of either the stomach or intestines, pure hydrogen gas is employed with a pressure of from one-half to three pounds to the square inch. With this instrument he claims can be determined:

1. The position of stricture of the bowel.
2. The presence, and often the position, of perforation, ulcerative or traumatic.
3. The position of tumors, and their relation to the gut.
4. The condition as to dilation, etc., of the stomach or intestines.
5. The position of the pylorus, and the amount of infiltration present, if any.
6. The fixity or mobility of any tumor of the stomach.

He illustrates his article by six cases occurring in his practice, in which he used the instrument as an aid in his diagnosis.

—*Dublin Journal of Med. Science*, August 1.

DR. WILLIAM C. WILE has discovered a new solvent for diphtheritic membrane in sulphocalcine. In the last number of the *New England Medical Monthly* he reports a grave case of diphtheria which was treated with the bichloride of mercury, one-twenty-fourth of a grain every three hours, brisk catharsis, and an hourly gargle of equal parts of sulphocalcine and water, with most favorable results. Injudiciousness on the part of the patient brought on what seemed to be a hopeless relapse, calling for a most unfavorable prognosis. The bichloride was increased to every two hours, and the membrane painted every fifteen minutes with an undiluted solution of sulphocalcine. The half-and-half gargle was continued every hour. The membrane commenced to fade, and in twenty-four hours scarcely a vestige remained. The recovery was slow and tedious, but complete.

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THE IMAGINATIVE FACULTY.

THE author of Barnaby Rudge makes old John Willet exclaim, as he glances over his shoulder into the bold face of that arch-rascal Hugh, "there is no imagination in his eye," meaning thereby that his countenance does not exhibit any particularly

good qualities. Here we have an instance of the closeness with which Dickens read human character. Criminality and insanity are so nearly related, and the acts of the one are so similar to those of the other that it is oftentimes difficult for judge and jury to decide where one ends and the other begins. Sir Crichton Brown has declared in his address before the late meeting of the British Medical Association that no class of people exhibit a greater want of the imaginative faculty than the insane. Now and then a few cases believe themselves to be great personages or monsters of some sort, but the vast majority are mentally vacant, listless and inanimate. The imagination, when properly developed and exercised, is an evidence of sound mental condition. It is a kind of balance-wheel maintaining a wholesome equipoise between the crude sensations on the one hand and the rational faculty on the other. Its over-activity will lead to as disastrous results as its under-activity.

Modern medical thought, fostered to a great extent by the recent brilliant discoveries in the physiology of the nervous system, is tending too far toward crude materialism. Mental phenomena are somehow intimately associated with cerebral activity, but the latter is in no way a clear explanation of the former. There are some states of the mind for which all the motor and sensory functions of the brain afford no causal basis. There are some manifestations of mind, whose expressions are always from within outward, and which are not at all necessarily dependent upon any antecedent percepts. Such, for instance, is the imagination. But as we have just said that cerebral and mental activity travel *pari passu*, and are somehow intimately associated, it follows that imagination will be influenced by bodily states and *vice versa*. Hence every true physician is, and must be, more or less of a psychologist, when he attempts to solve for himself the full significance of the symptoms of disease. A similar inflammation in two persons will not produce exactly the same kind of a pain; if it did, we might be inclined to have a little more faith in some of the teachings of homœopathy. A physician must, therefore, train himself and instruct his patients to exercise as well as control such oft-neglected faculties of the mind as the imagination. We once made the statement to a popular lecture audience that much of the mental decay observed nowadays in over-worked business men is not due to too much exercise of the brain but to a bad distribution of the various kinds of work imposed upon it. An accountant, for instance, may work never so hard as a scientist, but he sooner complains of mental exhaustion because he has exercised but one side of his brain power in the handling of figures, and has totally neglected the creative and imaginative faculties. Such a man needs not idle rest but change; he needs to continue the exercise of his intellect, but in other widely different lines of thought. The imaginary is one of these lines too much neglected in this practical money-seeking age.

Sir Crichton Brown has noted that most of the great discoveries, such as those of Harvey and Newton, have been made under the stimulus of the imagination. To perceive and then to form a theory which is subjected to the severest test is the method usually adopted by the greatest scientists. The forming of the theory is the work of the imaginative faculty aided by the reason.

Among the sick a vigorous imagination is a powerful factor towards bringing about a cure. Every practical physician knows how a hopeful state of mind, dependent upon the building of bright air-castles, or the reverse caused by mental visions of gloom and despair will affect the appropriate action of drugs. But even in health the imaginative faculty enters into the well-being of the individual to such an extent that by it alone the state of the constitution can almost be detected. The reading of fiction has increased marvellously these latter years. The sharp competition and nervous strain demand for their relaxation increased play of the imagination, hence art, poetry, and theatrical amusements are more popular than ever, as evinced by the attendance in the great art galleries and opera houses of the old world and of the new. The physician's life particularly needs relaxation of this sort, and the contributions of medical men to the departments of imaginative work have been considerable. We need but mention the names of Akenside, Blackmore, Goldsmith, Smollett, Erasmus Darwin, Crabbe, John Brown, Oliver Wendell Holmes, and our own Weir Mitchell. Keats was apprenticed to a surgeon at St. Thomas Hospital, and Shakespeare's knowledge of medical matters would naturally lead to the supposition that at one time he must have walked the sick-wards. Once Sir Richard Blackmore asked Sydenham what course of study he would recommend for a medical student. The latter replied: "Let him read 'Don Quixote,' it is a very good book; I read it still." Conolly, in his latter years, took renewed delight in "Gulliver's Travels." Many of the most distinguished and busy physicians of the day are habitual novel readers. One of the greatest of living surgeons declared that on his way to and from every serious operation he dipped into Shelley, while another betrayed a close study of Keats in one of his recent addresses.

Statistics have been collected from the great libraries to show that the maximum amount of light literary reading is done in March, about that time of the year when the maximum amount of nerve exhaustion begins to declare itself. In the fall, when people are fresh from the rest of their vacation, scientific and mathematical works are much more in demand. The book trade stands as a proof also of the same tendency on the part of the masses to turn to the works of imagination when they are wearied with toil and mental strain.

This appeal on behalf of the imaginative faculty is both timely and well founded. Coming from a

man like Sir Crichton Brown, who has given more than ordinary study to mental diseases, it will doubtless attract special attention. We are aware that there are doctors who, automatic like, are carried from one patient to another merely to give a name to the disease, and then pour down the patient's throat their potions and pills; such men will decry theorizing and any exercise of the imaginative faculty. They are a class of men who only have a laugh for hysteria and a sneer for hypochondria. They can see no further than the ends of their own noses, and believe nothing but what they do see; yet when a Faraday, a Davy, a Darwin, or a Lister have been urged by their dreams and ambitious hopes to increase the happiness of humanity with their great discoveries, the faithless small men are the first to avail themselves of the new advantages. We need more theorizing, more exercise of the imagination in working out our medical problems; but all theories should be thoroughly tested before any thought is taken of putting them into practice. Whole libraries of reported facts and cases will be as nothing until some one uses them to prove a theory that he may have imagined. The older astronomers collected facts for centuries before Tycho Brahe began to prove by them some notions he had about the movements of the celestial bodies; and what he began to dream and see partially realized Kepler established completely. A wholesome development and exercise of the imagination is one of the best means of preserving the mental equilibrium, and accomplishing the greatest amount of intellectual work. In health and in disease, in toil and in recreation, the imagination is a faculty which, if weak, should be cultivated; if normally developed, should be trained and kept under control. The moral and physical tone, not only of individuals but of society, will be elevated and strengthened by the care of all the mental faculties, and in these grinding, busy days none is in such danger of being neglected to the detriment of the highest mental capabilities as the imaginative faculty.

THE ARMY MEDICAL CORPS.

WE are continually hearing of the overcrowded condition of the medical profession. There is undoubtedly much truth in the assertion, though it can be said of nearly all the professions, particularly in and about the great cities, where competition is so sharp and where every kind of calling is more or less overdone. Not often does a young practitioner without money and influence have an opportunity to display his knowledge and ability. A small minority may be so fortunate as to receive an appointment upon some hospital or dispensary staff, but this field, comparatively speaking, is very small. And though the schooling of the resident or assistant physician is a capital one, few are able to sustain the expense of such a life for a long stretch of time, as either no salary at all or merely a nominal one is paid in such positions. By far the

larger number of graduates either depend upon the support of their friends and relations or use what little savings they may have acquired during their business life before beginning the study of medicine. Others try it for a time, and though finding the profession to their tastes and desires, are nevertheless compelled to take down their signs, put away their diplomas, and seek a more immediate livelihood in some mercantile business. Occasionally a young man will start in the country or some village and succeed, while in a great city, surrounded by rivals older and better known than himself, he would have proved a dead failure. We are sorry to know that too many men rush into the study of medicine, hoping to find it a life of ease and large fortunes, without well weighing in their minds its hardships and privations. The habit, which is common among some, of keeping up a fine establishment, in spite of all hazards, is misleading to many a new recruit to the well-filled ranks of the profession. Someone once declared he knew of many a fine rig that carried a hungry doctor at racing speed to patients the number of whom could be represented by ten omitting the one.

Sometimes young men do fairly well by receiving a position as surgeon on some of the transatlantic steamers, but aside from the difficulty of obtaining a position for which the British graduates are preferred, the life is an idle one, and its practice rarely gets beyond the administration of a brisk purge for seasickness, biliousness, or headache. No ambitious man will be long contented with such a life.

The Army and Navy, on the other hand, are in need of bright, capable medical men, and afford a very fair opportunity for general practice. In certain respects the Army offers greater advantages than the Navy, and we have often wondered why it was that more men did not apply for its positions. A comfortable salary is paid, followed by a pension when the incumbent is no longer able to fulfill his duties, and opportunity is afforded frequently for one who is so inclined to extend his sphere of activity in laboratory work and special lines of research. Certainly the inducement is strong for one to enter the Army as a surgeon, who is unable or does not care to pass through the tedious years of waiting for a general practice.

On another page will be found a notice issued from Washington by the Surgeon-General, stating that the Army Medical Board will be convened in New York City, October 1, 1889, to examine those who may present themselves with their invitations before it as candidates for appointment in the Medical Corps. There are nine vacancies to be filled in the grade of assistant surgeon. The necessary requirements are fully stated in the said notice, and all further information may be obtained by addressing the Surgeon-General U. S. Army, Washington, D. C.

THE colleges are reopening and clinical material will be more plentiful.

HYPERIDROSIS OF THE FEET.

THIS affection, though apparently trivial, gives rise to great discomfort to the affected individual as well as to those who are in immediate contact with him, and not infrequently it has proved to needy persons an obstacle to obtaining employment.

Many years ago, Hebra taught that the emplastrum diachyli was a specific for this ailment. But this remedy has not borne out the author's views, for since his time numerous washes and powders have been brought forward, and to-day a quack remedy is advertised in the German medical journals as a "liquor antihidrorrhoicus."

The Germans seem at last to have discovered a valuable remedy in solution of chromic acid. Though inclined to a therapeutic inhibition, the German physicians now and then bring forward statistical evidences of the results of treatment whose large and carefully gathered data disarm skepticism at once. In the Prussian Army the sweating of feet has become a great nuisance, to whose abatement the medical staff has long devoted its best energies with more or less success. Recent reports to the Medical Department of the War Office, present the results of the application of a 5 to 10 per cent. solution of chromic acid in 18,000 cases. A complete cure was effected in 42 per cent.; an improvement in 50 per cent.; and in 8 per cent. failure is recorded.

A large proportion of the Army surgeons regard the solution of chromic acid as the most rapidly acting and effective remedy; others regard it as at least equal to the salicylic preparation. The marching capacity of men suffering from sweating feet was considerably increased.

The remedy is easily applied; it is cheap and cleanly; it is harmless if the precaution be taken to heal abrasions or wounds before applying it, and if the latter is done by the physician or under his supervision. The feet should be thoroughly bathed and dried before retiring; the soles and interspaces between the toes should be penciled with a brush several times in succession, and in eight or ten days the painting should be repeated.

ONE of the valued members of our Association, Dr. W. F. Hutchinson, of Providence, R. I., has just accepted the chair of electro-therapeutics in the University of New Hampshire. The importance in which this specialty is held is indicated by the fact that a full chair is assigned to it and not an assistant or adjunct. It is believed that this is the first full chair on electro-therapeutics as yet created. Dr. Hutchinson is the author of a very useful manual upon electro-therapeutics, which has been so well received by the profession that a second edition is now being prepared. If the graceful address made by Dr. Hutchinson, at the banquet of the American Medical Editors Association, be a sample of his qualities as a lecturer, he will be an acquisition to the teaching force of the University.

Annotations.

UTERINE MYOMA.

DR. TAIT, in a clinical lecture, strongly advocates the treatment of uterine myoma by removal of the uterine appendages as opposed to hysterectomy or intra-uterine electrolysis. "Myoma," he says, "is a disease of menstruation, and upon the arrest of menstruation only does its cure seem to depend, whether by nature's own efforts or by an imitation of them. Removal of the appendages is a scientific proceeding for the imitation of nature's own method. Hysterectomy is a coarser and much more dangerous method of accomplishing the same ideal." He firmly believes that many cases which are lost would have been saved had it not been for an improper delay in the performance of the operation.

—*British Med. Journal.*

LEPROSY.

A SUMMARY of the cases of leprosy occurring in the Hospital of San Lazaro, in Lisbon, during the two years, 1866-67, is presented by Dr. Donnet. Two types are described, lepra anæsthetica and lepra tuberculosa. The former is characterized by a greater loss of anæsthesia, a contraction and loss of fingers and toes, and an atrophy of the muscles of both hands and feet; the latter by a generation of successive tubercular growths over a part or whole of the body, a corrugated and thickened state of the skin, and a loss of the hair of the head and of other parts of the body, the distinguishing difference between the two being due to the choice of place of the deposited lymphoid matter.—*British Med. Journal.*

THE DISPENSARY NUISANCE.

THE *British Medical Journal* has for some time been giving considerable space to contributions on the Abuse of Hospitals, the same subject in meaning, and an attempt is making to stir up such feeling in the matter that some radical move will be made.

We have called attention to this nuisance before, and wish that the profession in our large cities could be sufficiently aroused to the importance of this evil to take concerted action for its repression.

The receipt of needless charity is apt to lower the moral tone of the recipient, and thus an injury is worked both to the individual and to the community. In some of the English hospitals they are now making inquiries into the financial condition of would-be patients. Would it not be well for us to do likewise?

Free dispensaries are so plentiful that they almost bid for patients, and they are attended, in great measure, perhaps mainly, not by those who are unable to pay, but by those who do not choose to pay for what they might get for nothing; at least if dress is any criterion. These dispensaries do not particularly affect the more prominent physicians, their patients are usually of too high a class to accept gratuitous treatment, but the ill results fall on the ordinary doctors; those who treat the masses.

ANTACIDS.

AN estimate of the relative antacid potency of the various articles in common use, as *gastric antacids*, may be obtained from an inspection of the following table taken from the address delivered by Sir William Roberts, M.D., F.R.S., at the opening of the Section of Pharmacology and Therapeutics at the annual meeting of the British Medical Association held in Leeds during the last month. Ten grains of the bicarbonate of soda are taken as a standard antacid dose, and the quantities given of the other articles correspond in saturating value to this standard dose. The results were obtained by direct alkalimetric determinations, and are here shown in round numbers:

TABLE OF ANTACID EQUIVALENTS.

10 grs. sod. bicarb.	=	12 grs. pot. bicarb.
" " "	=	6 " creta precipit.
" " "	=	6 " carb. magnesia.
" " "	=	3 " calcined magnesia.
" " "	=	6 fluidounces lime water.
" " "	=	2 fluidrachms liq. potas.
" " "	=	1 bismuth lozenge, B. P.
" " "	=	2½ Wyeth's soda-mint tab.
" " "	=	5 vichy lozenges.

In speaking of *renal antacids*, the lecturer goes on to say, that "the essential thing in the prophylactic treatment of uric acid gravel is to guard the urine from precipitating within the precincts of the kidney. And we shall practically have attained our object if we succeed, not in altogether preventing precipitation, but in postponing it until the urine have quitted the kidneys. A postponement for a short time, even half an hour, may make all the difference between a precipitation which is fraught with pain and peril, and a precipitation which is practically harmless. Now, the protective effect of the antacid extends in this respect a good deal beyond the point at which the urine is rendered actually alkaline. For although all acid urines of medium density precipitate uric acid sooner or later, the time of the occurrence of that precipitation is immensely influenced by the degrees of acidity of the urine. Other things being equal, the more acid the urine the earlier is the precipitation, and the less acid the urine the longer is the precipitation postponed. An antacid effect, therefore, which is too feeble to render the urine actually alkaline, may be quite sufficient to depress its acidity to such a degree as shall postpone the time of precipitation until the urine has escaped from the kidneys, and even from the bladder."

—*British Med. Journal.*

REALISM IN ART.

HARPER'S WEEKLY, some time since, had a touching illustration of a visit by a Board of Health's physician to a poor family in a New York tenement house. But there is lacking at least one appurtenance to an examination of that kind, which even the fertile imagination of the artist did not conceive of, else the children in New York tenement houses are vastly cleaner than they are here. In the picture the doctor has his classic cheek close to the baby's naked breast; in reality he probably had a towel interposed.

DR. CUREALL.

THIS is the title, so the daily press informs us, of an automatic figure, or machine, another adaptation of the drop-a-nickel-in-the-slot craze. The "doctor" is provided with a plenteous number of small drawers or doors, situated over various anatomical regions. The plan is this: A man has an attack of colic—all doubled up; he drops the required coin in the proper slot, and there is pushed out to him a box of pills for the umbilical region. To be sure, pains may come in that vicinity from more causes than one, but what do you want for five cents—the earth?

Doubtless most people will smile in derision at the absurd pretensions of Dr. Cureall, but, indeed, this mechanical individual, with his regional pellets, is probably more likely to benefit the suffering patient than are the thousand and one patent abominations, each of which is a panacea, and of which thousands of gallons are yearly guzzled by an intelligent public.

SLIGHTLY SWEEPING.

THE medical profession is accustomed to periodical outbursts of indignation against the experiments made on various animals by eminent men of times both past and present. It is a perennial subject, to be used when interesting ephemeral topics are lacking.

One would not expect, however, to find as absurdly sweeping a statement as the following, made by so clever a man as the English writer, James Payn, in the *London Illustrated News*. He is commenting on the Brown-Séguard matter, and seems to labor under the delusion that the "elixir" is taken brutally from living animals. At any rate, he disposes of this distinguished physiologist, *et hoc genus omne*, by one of his carelessly sweeping statements: "As a matter of fact, they benefit nobody; unlike those military adventurers, who wade through slaughter to a throne, they carry on their filthy and cruel experiments, only to become quacks at last."

TOO CAREFUL.

THERE is a possibility of being dangerously careful of one's ease. This is illustrated by the late incident in a Bath, Me., restaurant, where the boarders, fearing that the disease with which a waitress was affected might lead to some unpleasant quarantine if a physician were called, objected to having one.

The waitress got well and resumed her work, at the same time disseminating among the one hundred and thirty-five boarders the exfoliations from a case of scarlet fever.

Should a similar occurrence ever take place, those boarders will be likely to look at least an inch or two beyond their noses.

ANOTHER case of death has occurred from the suspension treatment of locomotor ataxy—this time from Italy. The case, which occurred in the clinique of Prof. E. Galvagni, of Modena, is fully reported by Dr. Borsari in the *Riforma Medica* of July 18 and 18.

—Medical Recorder.

Letters to the Editor.

ACETANILIDE IN RHEUMATISM.

THE following personal experience may prove of service: May 12 I was attacked, after being up all night and getting chilled, with a stiffness in the tarsal bones of both feet, which passed off after exercising. The next morning it was the same, and the next. It gradually passed off, and on the 18th I went "a fishing," tramped all day, but did not get my feet wet. Ditto the 19th. On the morning of the 20th, however, I found I was in for an attack of subacute rheumatism. The temperature and pulse were not high, 101° and 110 respectively. Joints of feet moderately swollen, and exquisitely painful and tender to the touch. The affection shifted from one joint, or set of joints, to another about once every twenty-four hours.

Salicylic acid and salicylate of soda were used faithfully, but without benefit, until finally my stomach rejected them. I received no benefit from either *cimicifuga*, *bryonia*, *colchicum*, or opium, this last giving me a distressing cramping pain in the stomach. Finally, I began taking five grains of antifebrin (acetanilide) every two hours, with the idea of getting some relief from the pain.

It did ease my pain, reduced my fever, and cured my rheumatism, so that three weeks from taking to the bed, and five days from the first dose of the remedy, I was able to go out. I have since attended to my practice, and although I have been caught out in a rainstorm once or twice, have had no return save some soreness and stiffness at night and in the morning, which a few doses of antifebrin (five grains) soon relieves.

Of course, I did not continue taking the five grains every two hours, but for a couple of days after that I widened the interval with every dose, until I was only using one dose a day.

Like every remedy powerful for good, it may also prove powerful for evil if misused, and I think it would be better not to give it at all to children until better known and understood. Where an antipyretic is required for a child under ten years of age I give antipyrin, which works well in doses of one-half grain at one year up to from two to three at ten years. In fact, it may be adopted as a general rule of dosage with both adults and children. "Don't give large doses; give small doses, and often."

I have treated quite a large number of cases of follicular tonsillitis this summer, and have met with unusually good results from the following course of treatment: If seen soon enough, say within thirty-six hours from the first soreness of the throat, tr. guaiac gr. xx, every hour or two, in milk. It will usually cut short the attack. If the guaiac is insufficient, if not seen within the prescribed time, or if the patient is a child, I use hydrarg. biniod. in one-one-hundredth-of-a-grain doses every hour. Fraser's tablets, or a trituration with sugar and milk, is a convenient way of administering the medicine. It is a pleasant and sure method of treatment, and the little folks like their medicine.

If I find ulceration or patches of membrane on the tonsils, I use the corrosive sublimate in hundredth-grain doses hourly, finely powdered boracic acid in alternation with iron and glycerin, locally, and plenty of milk punch. If genuine diphtheria occurs, add the lime-water spray with oil encalyptus to the above, and you will meet with more than the average amount of success.

WM. C. WOOD, M.D.

GLOVERSVILLE, N. Y.

PRECAUTIONS IN VACCINATING.

ORDINARILY in vaccinating from arm to arm the physician inquires into the health and parentage of the child from whom he takes the pus. This has not been my custom. I vaccinated here some years for the city, having brought to me every Saturday what new subject the police could find, together with the children vaccinated the Saturday previous. In selecting pus from the arms presented I made no inquiry into the health or history of the child, but directed my attention solely to the character of the sore. If it were a typical vaccine pustule I did not hesitate to inoculate from it, however tainted the child might be. On the other hand, I would refuse pus from a child both healthy and of healthy parentage if the sore were at all abnormal in appearance. In this way I vaccinated through several seasons without getting a bad arm and with the best preventive results. Smallpox has repeatedly devastated neighboring haciendas, and villages where vaccination is not practised, but though sporadic cases have occurred here, the disease, for want of subjects, has never become epidemic.

The immunity from bad sores is the more striking, in view of the fact that the majority of Mexican children of the lower class have marked hereditary taints.

I think that bad results from using human virus have been due to the error in attending to the health of the person instead of the health of the pustule. If we plant melons and gourds in the same patch, and continue to plant, using seed from the melon vines without attending to the character of the fruit, in course of time we will get nothing but hybrids. But if we select seed always from melons of the best quality, we can, for an indefinite time, reproduce superior fruit, even under such adverse circumstances. Similarly, if we select virus only from large typical pustules, we can vaccinate indefinitely from arm to arm with good preventive, and without fear of septic results.

CHAS. FARVER.

SANTA ROSALIA, MEXICO.

Book Reviews.

OUTLINES OF THE CLINICAL CHEMISTRY OF URINE. By C. A. MACMUNN, M.A., M.D. (Dublin), with sixty-four woodcuts and plate of spectra. Cloth, pp. 254. Philadelphia: P. Blakiston, Son & Co., 1889.

This is a commendable book upon urinary analysis, and though the literature upon this subject is becoming rapidly voluminous, each new work presents some advantages beside its faults over all that has been

issued before. The author makes free use of the larger authorities, and where there is more than one view to be taken in regard to the question in hand, he presents each side and leaves the reader to judge largely for himself. The arrangement of the matter is almost identical with that of Tyson's "Practical Examination of Urine," though its style is rather more attractive and elegant. Part I is devoted to the normal urine, its secretion, and constituents, and methods for examining the same. The testing for urohæmatoporphyrin, a pigment discovered and named by the author, receives considerable space, as would naturally be expected. Part II contains an account of the tests for the abnormal constituents of the urine. The timeliness of the work is well shown in the introduction of the latest tests for sugar by phenyl-hydrazine and safranin. Part III is a fairly illustrated section upon urinary deposits and calculi. Two appendices are added, the first containing a list of reagents and apparatuses needful, and the second the explanation of some terms used in volumetric analysis, tubes, etc. The chief faults that we have to find are simply that the table of spectra is not colored and that a little more space has not been given to the principle diseases in which the tests for abnormal constituents in the urine are to be made. It is time now that a chemical work upon urinary analysis to be of special practical value should be made a part of a larger work upon general diseases; unless it is so its chief value is for the chemist and laboratory specialist only.

ON DISORDERED DIGESTION AND DYSPEPSIA. By FRANK WOODBURY, A.M., M.D., Fellow of the College of Physicians of Philadelphia, Honorary Professor of Clinical Medicine in the Medico-Chirurgical College of Philadelphia, etc. Price in paper 25 cents, in cloth 50 cents, pp. 82. Detroit: George S. Davis, 1889.

This is one of the numbers of that excellent series of medical monographs known as the Physicians' Leisure Library. The author has made a close study of digestion and its disorders. From the results of his own experiments and an extensive survey of the literature of the subject, he is in a position to assert that which is well founded and practically useful. The introduction devoted to a general exposé of the subject of digestion is followed by a highly interesting section in digestion and its disorders in man. The attention given to the rôle of microorganisms in the alimentary canal under different conditions shows that the writer is abreast of the times, and recognizes without being betrayed by mere theory the value of the recent advances made in our knowledge of the chemistry of the digestive process. Symptoms and forms of dyspepsia, and the treatment of dyspepsia, are the two succeeding sections. The last section on dietetic hints for dyspepsia will be found especially practical. The formulæ and differential diagnostic tables add very materially to the usefulness of the book.

DR. JOHN T. BANKS, of Dublin, has just received the KnightCommandership of the Bath, Civil Division, and will hereafter be known as Sir John Banks, K.C.B.

Pamphlets.

Fifteen Cases of Hydrothorax. Fifth Series. By F. Peyre Porcher, M.D., Professor of Mathematics, Medicine, and Therapeutics, Medical College State of South Carolina. From "Transactions South Carolina Medical Association," May, 1889. Reprinted from the New Orleans *Med. and Surg. Jour.*, June, 1889.

In the preceding series of cases of hydrothorax the author restricted himself to the consideration of those in which paracentesis of the pleural cavity, the lungs, or the pericardial sac was employed. In the present series of cases he undertakes to demonstrate the unsuspected frequency of pleurisies, with effusion in this country. The paper is practical and highly interesting.

Year-Book, Grant Memorial and Chattanooga Universities, 1888-89. Announcement of U. S. Grant University for 1889-1890.

Annual Calendar, McGill University, Fifty-seventh Session, 1889-90. Montreal, Printed for the University, 1889.

Annual Announcement of Trinity Medical College, Toronto. Session of 1889-90. James Murray & Co., Toronto, 1889.

Annual Report of the Health Commissioner for the Fiscal Year Ending April 8, 1889. Nixon-Jones Printing Co., St. Louis, 1889.

The Medical Digest.

OZÆNA VERA.—Ozæna vera has nothing in common with syphilis, tuberculosis, etc.; but, on the contrary, generally develops from a simple chronic catarrh, more frequently in young persons and in women. An examination of the nose in these cases reveals a peculiar atrophic condition of the mucous membrane, which is pale, thin, and shining, and of tendinous appearance, instead of bluish-red and velvety. Discolored, greenish, glutinous crusts and scabs of penetrating fætor adhere to the conchæ, which form only small flat plates. All this tends to make the nasal cavity appear more roomy than normal. Some look upon fatty degeneration of the tubercular and acinous glands as the cause of this condition. In all such cases the ciliated epithelium of the nose becomes changed into pavement epithelium; in other words, it becomes "epidermoidized," and the throwing off of the superfluous and softened pavement epithelium gives rise to the well-known foul odor.—*Volkmann's Klin. Vorträge*, 340.—*Journal of the Respiratory Organs*.

PILOCARPINE IN THE CONVULSIVE ATTACKS OF HYSTERO-EPILEPSY AND MANIACAL EXCITEMENT.—In the *Journal of Nervous and Mental Diseases*, Dr. Samuel B. Lyon reports the case of a married woman, aged thirty, in whom the convulsive seizure had the characteristics of hystero-epileptic attacks, who was relieved by a hypodermic injection of one-eighth grain of muriate of pilocarpine over the left ovary. Her temperature, which had been $103\frac{2}{3}^{\circ}$, fell to $101\frac{1}{4}^{\circ}$. The convulsive movement ceased, consciousness gradually returned, and a quiet sleep followed. In this case inhalations of amyl nitrite and ether had only temporarily quieted the spasmodic condition.

—*Therapeutic Gazette*.

A CASE OF BRONCHIAL CALCULUS.—Dr. Pasquale Moscato relates (*Gazzetta degli Ospitali*, July 31, 1889) a case in which calculi were coughed up, not from the lungs, but from the bronchial tubes. The patient, a healthy woman, aged thirty, with an excellent family history, during her first pregnancy suffered from dyspnoea and cough, and the sputa were streaked with blood. These symptoms disappeared after delivery, but four years later, the patient being again pregnant, they returned; this time a calculus of about the size of a small shot, yellowish-white in color, and flattened in shape, was expelled in coughing. A second calculus was expectorated in the following year, when the patient was not pregnant, and a third the year after (1885) in the first months of another pregnancy. During 1886 there was no repetition of the occurrence, and the woman remained perfectly well, with the exception of slight bronchial catarrh. In April, 1887, and May, 1888, two other calculi were expelled. On each occasion the event occurred in the course of bronchial catarrh, and was preceded by pain in the left lung, especially severe in the supra-cardiac region. After the expulsion of the calculus this pain gradually disappeared. The calculus expelled in May, 1888, was larger than the previous ones, and of irregular shape, with branch-like processes. The woman suffered at the time from fever of intermittent type, and the bronchial catarrh was accompanied by hæmoptysis. On auscultation, both pulmonary apices seemed to be quite healthy, and there was no dulness over the area of either lung. On the left side, outside the mammary region, crepitant râles were audible, but there was absolutely no physical sign of a cavity. Dr. Moscato believes that the expectorated substances are genuine calculi, not pellets of inspissated mucus, or calcareous concretions. They were analyzed by Dr. Russo Giliberti, Professor of Pathology in the University of Palermo, and found to contain traces of albuminoid material, with chloride of lime, chloride of sodium, and chloride of magnesium. Neither uric acid nor oxalate of lime was present, nor were there any carbonates, phosphates, or sulphates. The absence of oxalate of lime differentiated the calculi in this case from those occasionally expelled by patients suffering from asthma. Dr. Moscato thinks the absence of fever and of all physical signs pointing to disease of the lung, together with the small quantity of blood expectorated, negatives the possibility of the calculi having come from the lungs. He maintains that they probably originated in the bronchial mucous membrane, as they are known to do in the lingual, salivary, and other glands, and that the streaks of blood in the sputa were due to the detachment of the calculi. Dr. Moscato believes his case to be unique in medical literature up to the present.

—*London Medical Recorder*.

INFANTILE PHTHISIS (Ellis).—

R.—Lime water 2 to 8 grs.
Cod-liver oil 2 to 8 grs.
Iodide of potassium 2 to 6 gr. 10.
M.—Sig. Two or three times a day.

HYDROTHERAPEUTICS FOR DYSPEPSIA.—Dr. Chas. Kevin, in a paper read before the Ulster Medical Society, says he has tried about a dozen cases of painful dyspepsia with what is called the "hot pad" and "binder." It is made up of three parts—a pad (fourply of swansdown) about twelve inches by six inches; a roller two yards long, half swansdown and the other half mackintosh cloth; and one and one-half yards of a flannel binder. The pad is put into boiling water and wrung out. It is then put over the abdomen at bedtime, covered with the cotton and waterproof binder; and over all the flannel binder is placed. In the morning all is removed, the abdomen is sponged with cold water and rubbed with a rough towel, the flannel binder is then put on and worn throughout the day. Where much pain is complained of, the whole apparatus may be worn constantly. He thinks the beneficial effects are due to the fact that more blood is brought to the parts requiring it; spasm is relieved, and support is given to the abdominal muscles. He finds in cases where he has ordered it that it relieves flatulency, pain, constipation, and distension. It is also useful in insomnia, and cleans the tongue when it is coated.

—*Dub. Journ. of Med. Sciences—The Practitioner.*

ON CREOLINE IN DYSENTERY.—N. P. Sossowsky (*Vratsch*, No. 14, 1889) used in sixteen cases of dysentery clysters of a solution of $\frac{1}{2}$ per cent. of creoline. The clyster (from 2 to 3 and even $3\frac{1}{2}$ litres), was generally given twice a day, sometime three and even four times. No disagreeable secondary symptoms. The patients did not complain of either smarting or abdominal pain. The results obtained were as follows: In two cases the disease was broken up after two injections; in nine cases the bloody stools disappeared on the third day, in two on the fifth, in one on the sixth, and in another on the ninth. In the last case the appearance of putrid matter in the stools was not checked, but the patient recovered nevertheless. Not one of these patients died, although there were a great many cases with fatal termination reported in the city. From these observations the author draws the following conclusions:

1. Clysters of a $\frac{1}{2}$ per cent. solution of creoline possesses antiseptic qualities and seem to be less dangerous and toxic than the clysters of sublimate or phenol.

2. Clysters of creoline check the blood without irritating the intestinal channels.

3. Cases acute from the beginning, with frequent tenesmus and copious bloody stools, take a more favorable course and are cured more rapidly than cases insidious at the beginning, characterized by catarrhal stools.

4. In cases where the creoline clysters do not stop the development of the intestinal catarrh, clysters of tepid water and subsequently of a solution of acetate of lead, $\frac{1}{2}$ per cent., or of tannin of 1-2 per cent., should be prescribed; at the same time a decoction of the bark of quinquina should be taken internally with sulphate of soda.

The author has successfully used the same treatment in two children, one eleven and the other nine months old. Dr. Kolokoloff has prescribed creoline clysters (1 per cent.) in twelve cases of dysentery; all the patients recovered without showing at any time alarming secondary symptoms.—*Les Nouveaux Remèdes*, No. 11, 1889.—*Journal of Med. Asso.*

HYSTERECTOMY FOR FIBROIDS IN VIENNA.—Prof. Albert has published, in the *Wiener Med. Wochenschrift*, II, 1889, a paper on ten successful cases of abdominal section for myoma of the uterus. In all, the extra-peritoneal method of treating the stump was adopted. The elastic ligature was used in order to prevent hemorrhage during the enucleation of the fibroid and the amputation of the uterus, the stump being fixed with pins. In fact, the operation was performed in the manner practised by Drs. Keith and Bantock in this country. In one case an abscess in Douglas's pouch was laid open during the operation. The abscess was drained through the posterior vaginal fornix, the tube being removed on the fourteenth day. In another, Prof. Albert found a pancreatic cyst in close proximity to the uterine myoma, which was very large, and removed both. This remarkable case will, the author informed his readers, be published in full. In one (and apparently in only one) of the ten cases a myoma had to be shelled out of the hyoid ligament. The posterior layer of the ligament was sewn to the abdominal incision, and the cavity left between the layers was stuffed with iodoform gauze. Prof. Albert rejected the use of sponges for cleaning the peritoneum, and attributed his success in no small degree to this new departure. Our readers are aware that Dr. Keith, a successful operator, published a paper in the *Journal* of June 8, wherein he advocated electricity as a safer and more justifiable proceeding in cases of fibroid than hysterectomy. Opinion is still much divided on this question.

—*British Med. Journal.*

LABOR COMPLICATED BY THE ADMINISTRATION OF ONE-FIFTH OF A GRAIN OF STRYCHNINE.—Avard (*Bulletin de la Société Obstétricale de Paris*, No. 6, 1889) reports the case of a primipara to whom a midwife had given strychnine aggregating one-fifth of a grain to secure vigorous pains. This result not following, a physician was called. The foetus was found to be in cephalic presentation; dilatation of the os and cervix was complete. Traction with the forceps failing, the uterus was found tetanized and very hard. A hot bath was given, belladonna ointment was applied to the os, and under chloroform the head was brought to the pelvic floor by forceps and delivered. As the cord was about the neck, the attempt to deliver the shoulders rapidly was made, but failed. Rotation was very difficult from the uterine rigidity; the child was stillborn; the mother recovered without complications. None of the usual constitutional effects of the drug were observed; pains in the legs and convulsive movements were present. The patient's subsequent labor was marked by uterine inertia requiring forceps.

LIGHT IN THE SICK-ROOM.—Still a custom prevails, despite all our sanitary teachings, that the occupant of the sick-room in the private house should be kept at all hours in a darkened room. Not one time in ten do we enter a sick-room in the daytime to find it blessed with the light of the sun. Almost invariably, before we can get a look at the face of the patient, we are obliged to request that the blinds may be drawn up, in order that the rays of a much greater healer than the most able physician can ever hope to be may be admitted. Too often the compliance with this request reveals a condition of room which, in a state of darkness, is almost inevitably one of disorder everywhere; foods, medicines, furniture, bedding misplaced; dust and stray leavings in all directions.

In brief, there is nothing so bad as a dark sick-room; it is as if the attendants were anticipating the death of the patient; and, if the reason for it be asked, the answer is as inconsistent as the act. The reason usually offered is that the patient cannot bear the light; as though the light could not be cut off from the patient by a curtain or screen, and as though to darken one part of the room it were necessary to darken the whole of it. The real reason is an old superstitious practice, which once prevailed so intensely that the sick, suffering from the most terrible diseases, smallpox, for instance, were shut up in darkness, their beds surrounded with red curtains, during the whole of their illness. The red curtains are now pretty nearly given up, but the darkness is still accredited with some mysterious curative virtue.

A more injurious practice really could not be maintained than that of darkness in the sick-room. It is not only that dirt and disorder are results of darkness, a great remedy is lost. Sunlight is the remedy lost, and the loss is momentous. Sunlight diffused through a room warms and clarifies the air. It has a direct influence on the minute organic poisons, a distinctive influence which is most precious, and it has a cheerful effect upon the mind. The sick should never be gloomy, and in the presence of the light the shadows of gloom fly away. Happily, the hospital ward, notwithstanding its many defects, and it has many, is so far favored that it is blessed with the light of the sun, whenever the sun shines. In private practice the same remedy ought to be extended to the patients of the household, and the first words of the physician or surgeon on entering the dark sick-room should be the dying words of Goethe, "More light, more light!"

—B. W. Richardson, M.D., in *Scientific American*.

DIPHTHERITIC GASTRITIS OR GASTRIC DIPHTHERIA.—Talfourd Jones (*Brit. Med. Jour.*, 1889, II, 880) reports a case of this very rare affection. The patient, a child of two years and ten months, developed difficulty in swallowing on the third day of the disease; on the sixth, she vomited several times; on the seventh, there was difficulty in breathing and frequent vomiting, the ejecta consisting of a little blood and some dark red pieces of a membranous character. Death occurred on the following day. The autopsy revealed a widespread membranous exudation of the pharynx and adjacent parts, the posterior nares, and the larynx down to the cricoid car-

tilage, where it abruptly ceased. The œsophagus was quite normal in every respect. The stomach had a soft, doughy consistence, and, when opened, presented an irregular, dark, reddish-brown appearance, with a slightly olive-green tint. This was found to be the surface of a continuous membrane lining the whole of the stomach. It varied in thickness, averaging one-twelfth of an inch, but being thickest over the rugæ. It was adherent to the mucous membrane, but was easily separated and peeled off, and then exhibited on its under surface the imprint of the markings of the mucous membrane. Except in thickness and in its dark red color it differed little from the exudation in the pharynx.

The rugæ of the mucous membrane were of a black-red hue and studded with a dark red punctiform injection. The mucous lining between the rugæ was of a much lighter color. The intestines were healthy.

Under the microscope the exudation from the stomach presented an irregular fibrillated appearance with numerous red blood-cells and leucocytes.

American Jour. of Med. Sci.

CONGENITAL STENOSIS OF THE PYLORUS.—Dr. W. K. Peden records an example of this exceedingly rare affection. The infant, who at birth appeared healthy and well developed, commenced vomiting three days afterwards, and continued to do so throughout the remainder of his life, which terminated when he was three months old. Neither medicines nor alterations in the diet exerted any beneficial influence. No tumor could be felt during life, and there was no evident dilatation of the stomach. The following was the condition found on post-mortem examination. Extending from the pylorus into the stomach, exactly implicating the rounded straight *portio pylorica* of the infantile stomach, was a stiff sausage-shaped thickening of the part, reducing the lumen of the canal to about 5 mm. Section of the stomach along the greater curvature showed the hypertrophied portion beginning gradually in the stomach walls and ending abruptly in a ball-shaped knob which projected freely into the duodenum. The lumen of the canal was still further narrowed by two longitudinal crest-like projections extending along the whole length of the hypertrophied portion. The cardiac portion of the stomach was covered with a mucous coating, and hardening reagents revealed a thin grayish reticulated exudation covering the pyloric tract. The exudation consisted of cells derived from the pyloric gland cells. The submucosa was enormously thickened; and the circular muscular fibers showed a marked degree of hypertrophy. The outer muscular coat and the peritoneum were normal.

—*Glasgow Med. Journ., The Practitioner.*

ERYSIPELAS TREATED WITH PURE ALCOHOL.—M. C. Dr. Behrend, physician of the prison of Sagaw, reports, in the *Berlin Klinische Woch.*, the cure of cases of erysipelas, in three or five days, by means of lavings repeated three times a day of the affected parts with alcohol at 90°. This treatment checked the disease at once, and the patients were not confined to bed.—*Revue de Thér.*

Medical News and Miscellany.

TYPHUS FEVER is epidemic in Toluca, Mexico.

A DEATH from Asiatic cholera is reported to have occurred in Little Sandusky, Ohio.

LANCASTER is greatly in need of an ambulance, and has a \$100 fund for that purpose.

DR. ANDREW BEDFORD, died at Waverley, Luzerne County, on Tuesday night, in his ninetieth year.

THE *Atlanta Medical and Surgical Journal* is to be under the management hereafter of Dr. F W. McRae.

THE death is announced of Dr. Thomas King Chambers, Honorary Physician to the Prince of Wales.

FATHER DAMIEN (known as the leper martyr), it is now stated, attributed his leprosy to the inoculation by flies of an abrasion on his scalp.

THE opposition of the Swiss government towards the English physicians stopping or traveling in Switzerland is producing quite a stir in England.

WHILE suffering from typhoid fever Alfred Jones, twenty-three years old, jumped from a third-story window of his residence, and was seriously injured.

THE annual meeting of the American Academy, for 1889, will be held at Chicago, Ill., November 13 and 14, being postponed to that date by authority of the Council.

It is said that Philadelphia will contain a larger number of medical students than ever this year, Jefferson College, as usually, having the longest list of matriculates.

DR. J. R. PARTENHEIMER is lying seriously ill at his home, 633 North Eleventh Street, from injuries received in an accident that occurred while on his way to visit a patient at Ardmore.

GOVERNOR BEAVER has ordered Mr. Hamilton to complete the work of cleansing out all cellars and places as quickly as possible in Johnstown, that are pronounced in a bad sanitary condition.

EIGHTEEN cases of typhoid fever in this city are said to have been traced to the use of well-water. A great many other cases are ascribed to Delaware water, which everybody agrees should not be used.

MR. Z. PRITCHETT, of Lake's District, Dorchester County, is a rare specimen of humanity, in his anatomical construction. He is suffering with pulmonary diseases, and on the recommendation of Dr. Jones, his home physician, came to Salisbury to be examined by Dr. John S. Fulton. During the physical examination Dr. Fulton accidentally discovered that the man's heart was located on the right side of his body. This greatly interested the doctor, but as his patient did not consult him on this point he did not feel at liberty to make a minute investigation. It was not, therefore, ascertained whether the other organs were transposed. The case is one of peculiar interest to the profession, since it is so rare that less than two hundred such cases are on record.—*Record*.

COMMON soap, given as soon as possible and continued as long as there are any toxic symptoms, is an efficient antidote for carbolic acid poisoning, says the *Rev. de Therap. Med. Chir.*

THE PARIS INTERNATIONAL CONGRESS OF DERMATOLOGY AND SYPHILOGRAPHY.—Dr. A. R. Robinson, of New York, has been appointed by the committee on organization to open a discussion on the subject of lichen.

THE expiration of the term of Dr. Kirby at the University Hospital, promotes Dr. Wood to be senior resident; Dr. Easter, senior surgeon; Dr. Provost, junior surgeon; Dr. Kneas, senior medical, and Dr. Aldrich, junior medical.

MRS. MARIA O. BEYAR, Matron of the Pennsylvania Hospital, department for insane females, has tendered her resignation, to take effect November 1, impaired health having disqualified her for longer discharging the duties of the post.—*Ledger*.

A MEETING was held at noon, September 6, at the office of Charles B. Baeder, 730 Market Street, of the Committee having in charge the presentation of a free bed in the Polyclinic Hospital to be perpetually endowed as a testimonial to Dr. Richard J. Levis.

PARAPHENACETINE.—Prof. Dujardin-Beaumetz states that this drug does not produce cyanosis and eruptions like antipyrin and acetanilid. It can be given in doses of two grammes without danger of intoxication, which is due probably to the fact of its insolubility.

DR. EPHRAIM CUTTER, of New York, at the banquet of the British Medical Association, responded to the toast, "Our Guests," for the Americans present. Dr. Cutter also read on "Galvanism of Uterine Fibroids," closing the discussion on the same, and demonstrated on the screen his lantern slides of the micro-photographs of healthy and diseased blood, and of the sputum, urine, fæces, and skin, which he and Dr. Harriman, of Boston, took, in 1876, with Tolles' superb $\frac{1}{4}$, $\frac{1}{10}$, $\frac{1}{16}$, $\frac{1}{32}$, and $\frac{1}{64}$ inch objectives.

"THE members of the medical profession in Alabama, Georgia, and Tennessee are requested to meet in Chattanooga on the third Tuesday in October, for the purpose of forming a tri-State Medical Association. All will be admitted to the meeting of the Association, but the membership will be restricted to graduates of regular medical colleges in good standing."

Signed by committees from Jackson County, Alabama, Medical Society; Chattanooga, Tennessee, Medical Society; Cleveland, Tennessee, Medical Society; Cartersville, Georgia, Medical Society; Dalton, Georgia, Medical Society.

It is hoped that there will be a general turnout of the profession. Papers of interest have been promised by prominent men. The session will continue two days.

Another circular will be issued in due time announcing the titles and authors of papers.

FRANK TRESTER SMITH, M.D.,
Secretary of Committee.

ONE of the New York papers having offered a prize to the Metropolitan mother who had successfully reared the largest number of boys and girls, it was carried off by the mother of fifteen children, all living, the youngest being five years of age. The father of this interesting family was one of fifteen children, some of whom have died, but the mother is one of fifteen, all of whom are living, some of them at advanced ages.

AN English physician in writing about drinking water says: "If, in any hotel or summer resort to which these lines may come, there should occur a single case of typhoid fever or diphtheria, test the drinking water or have it done at once. A few pence will buy an ounce of saturated solution of permanganate of potash at a chemist's. If, when a drop of this solution is added to a tumbler of water, its color changes to brown, it is unfit to drink; if it remains clear or slightly rose-colored after an hour, it is, broadly speaking, safe."

AN Army Medical Board will be convened in New York City, N. Y., October 1, 1889, for the examination of such persons as may be properly invited to present themselves before it as candidates for appointment in the medical corps of the Army.

Application for an invitation should be addressed to the Secretary of War, stating date and place of birth; place and State of permanent residence, and accompanied by certificates, based on personal acquaintance, from at least two persons of repute, as to citizenship, character, and moral habits; testimonials as to professional standing, from the professors of the medical college from which the applicant graduated, are also desirable. The candidate must be between twenty-one and twenty-eight years of age, and a graduate from a regular medical college, evidence of which, his diploma, must be submitted to the Board.

Further information regarding the examinations and their nature may be obtained by addressing the Surgeon-General, U. S. Army, Washington, D. C.

APPOINTED PROFESSOR OF PATHOLOGY.—At the last meeting of the Faculty of the Medico-Chirurgical College, Dr. Ernest Laplace was appointed Professor of Pathology. Professor Laplace is a native of New Orleans, and a graduate of the Literary Department of the Georgetown University, D. C. After several years' study in Tulane University and the Charity Hospital, he went abroad, and graduated in the "Faculté de Médecine de Paris," where he studied under Pasteur and Cornil. He afterward spent seven months in Vienna, under Billroth and Stricker, and a year in Berlin, with Koch and von Bergmann. While with Koch he discovered the superior efficiency as a germicide of acid sublimate of mercury, and of sulpho-carbolic acid as a disinfectant. After his return to New Orleans he instituted a Pasteur laboratory for the treatment of hydrophobia, and was elected Visiting-Surgeon to the Charity Hospital. At the time of his call to this city he was Professor of Physiology and Hygiene in the High School Department of the Tulane University, and Demonstrator of Microscopical Anatomy and Bacteriology in the Medical Department of the same school.

THE new maternity ward of the University Hospital was opened with one patient. The building is situated on the southwest corner of the hospital grounds, is a one-story structure of Gothic architecture and contains five beds. The ward is in charge of Nurse M. Wilson, who is assisted by Miss Yost. The visiting physicians are Dr. Barton C. Hirst and Dr. Richard C. Norris.

THE few statistics at hand show that the cork trade of the United States amounts to \$1,700,000 to \$2,000,000 per annum, which represents at least six million to eight million gross of corks. The number of hands employed is about one thousand. The importations of bark amount to about fifty thousand bales per annum, representing possibly \$1,000,000 value. Cork varies in value from 2 cents per pound up to 50 cents or even \$1.00 in some cases.

—*Pharmaceutical Era.*

DR. WEBSTER FOX, in the Journal of the Franklin Institute, maintains that the majority of blind people have lost their sight from want of proper care during infancy, and that nurses or mothers who heedlessly expose an infant's eyes to the glare of the sun for hours, may be laying the foundation of the most serious evils. He protests against permitting young children to use their eyes in study, and declares that the eye is not strong enough for school work until the age of seven to nine. Children should not be allowed to study much by artificial light before the age of ten, and books printed in small type should be absolutely prohibited in the school-room.

LAWSON TAIT'S OPERATION FOR LACERATION OF THE PERINEUM, by splitting the recto-vaginal septum and forming flaps from it, has found much favor among gynecologists, especially among the Germans.

A recent paper (Volkman's klin. Lectures, No. 301) by Saenger, of Leipzig, furnishes an excellent description with drawings of nineteen cases of complete as well as incomplete ruptures, in which the results were all that could be desired. The procedure appears to be a rational one, as it removes nothing from the vulva and restores the perineum to its original shape without great narrowing of the orificium vulvæ. The latter effect precludes its usefulness for restoration of prolapsus, in which trouble the old operations will be preferred.

In the London Society for Medicine and Surgery, a guest, Dr. Arnold Shetelig, declared that the presence of free crystals of uric acid in the urine points to the same form of gouty diathesis. The free uric acid differs from that combined with alkalies in the form of water, in the tendency to crystallize out of and to unite with other portions of uric acid that may be present. The author analyzed fifty-two cases, of which eight were pathological, and found 25 to 50 per cent. and over of the total uric acid in the uncombined crystal line form in patients, who, without doubt, had suffered or were then suffering from true gout. Especially important is the test for the diagnosis between true and false gout. This form of uric acid may for a time be reduced by baths alone or with alkaline water, but in most cases it will reaccumulate.

DR. DAVID T. BROWN, once a famous expert in insanity cases, but of late years following the occupation of a farmer in Illinois, has committed suicide.

PRELIMINARY PROGRAMME of the Session of the Southern Surgical and Gynecological Association to be held in Nashville, Tenn., November 12, 13 and 14, 1889:

The President's Annual Address, Hunter McGuire, M.D., L.L.D., Richmond, Va.; Report of Gynecological Work, with Especial Reference to Methods, R. B. Maury, M.D., Memphis, Tenn.; Direct Herniotomy, with Cases, W. O. Roberts, M.D., Louisville, Ky.; Open Abdominal Treatment, B. E. Hadra, M.D., Galveston, Texas.; The Abortive Treatment of Acute Pelvic Inflammation, Virgil O. Haddon, M.D., Atlanta, Ga.; The Importance of Early Treatment of Inflammatory Affections of the Uterus, Wm. C. Dabney, University of Virginia; The Relation of the Nerve System to Reparative Surgery, Thos. O. Summers, M.D., Jacksonville, Fla.; Concerning the Causes of Frequent Failure of Relief of Reflex Symptoms after Trachelorrhaphy, W. F. Hyer, M.D., Meridian, Miss.; Cranial Surgery, DeSaussure Ford, M.D., Augusta, Ga.; The treatment of Ectopic Pregnancy, W. H. Wathen, M.D., Louisville, Ky.; Laparotomy in Extra-Uterine Pregnancy, Waldo Briggs, M.D., St. Louis, Mo.; Epithelioma of the Penis, with the Report of a Case, D. W. Yandell, M.D., Louisville, Ky.; Laparotomy in Intestinal Obstruction, C. Kollock, M.D., Cheraw, S. C.; An Experimental Study of Intestinal Anastomosis, John D. S. Davis, M.D., Birmingham, Ala.; Operative Interference in Ascites, Hugh M. Taylor, M.D., Richmond, Va.; Observations Pertaining to Pregnancy and Parturition, W. Duncan, M.D., Savannah, Ga.; Puerperal Convulsions, John Herbert Claiborne, M.D., Petersburg, Va.; Some Remarks upon Aneurisms, relating more especially to their Surgical Treatment, F. T. Meriwether, M.D., Asheville, N. C.; Coccygodynia and its Treatment, Hunter P. Cooper, Atlanta, Ga.; The Improved Cæsarean Section *versus* Craniotomy, W. D. Haggard, M.D., Nashville, Tenn.; Conservative Surgery in Injuries of the Foot, J. T. Wilson, M.D., Sherman, Texas; Gunshot Fractures of the Femur, John Brownrigg, M.D., Columbus, Miss.; Tropho-Neurosis as a Factor in the Phenomena of Syphilis, G. Frank Lydston, Chicago, Ill.; Trophic Changes Following Nerve Injury in Fractures, with a report of two cases, Wm. Perrin Nicholson, M.D., Atlanta, Ga.; Treatment of Malignant Diseases of the Rectum, W. T. Briggs, M.D., Nashville, Tenn.; Title of papers not determined, W. L. Robinson, M.D., Danville, Va.; W. Rogers, M.D., Memphis, Tenn.; L. S. McMurtry, M.D., Danville, Ky.; E. J. Beall, M.D., Fort Worth, Texas; E. Burke Haywood, M.D., Raleigh, N. C.; Paul B. Barringer, M.D., University of Virginia; J. F. Y. P. Paine, M.D., Galveston, Texas; The Achievements of Modern Surgery, J. Ewing Mears, M.D., Philadelphia, Pa.; The Treatment of the Pedicle in Supra-Pubic Hysterectomy, Wm. M. Polk, M.D., New York; Abdominal Surgery, Joseph Price, M.D., Philadelphia, Pa.

To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer upon us a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from September 3, 1889, to September 9, 1889.

VALLUM, EDWARD P., Colonel and Surgeon; McELDERRY, HENRY, Major and Surgeon; MATTHEWS, WASHINGTON, Major and Surgeon; MURRILL, JAMES C., Captain and Assistant-Surgeon: Will, by direction of the Secretary of War, constitute a Board of Medical Officers to meet in New York City on the 1st day of October, 1889, or as soon thereafter as practicable, for the examination of assistant-surgeons for promotion and of candidates for admission into the medical corps of the Army. The Board will be governed in its proceedings by such instructions as it may receive from the Surgeon-General. Par. 1, S. O. 203, A. G. O., September 2, 1889.

JANEWAY, JOHN H., Major and Surgeon. The leave of absence granted, with the approval of the Secretary of War, in S. O. 52, July 29, 1889, Division of the Pacific, is extended two months. Par. 1, S. O. 206, A. G. O., September 5, 1889.

CLEARY, P. J. A., Major and Surgeon. Is hereby granted leave of absence, on surgeon's certificate of disability, for two months. S. O. 59, Headquarters Division of the Pacific, San Francisco, Cal., August 27, 1889.

EWING, CHARLES B., Captain and Assistant-Surgeon. Is granted leave of absence for twenty-one days, to commence on or about September 21, 1889, provided that at that time the post surgeon now on leave has returned to duty. Par. 5, S. O. 201, Headquarters Division of the Atlantic, Governor's Island, N. Y., September 4, 1889.

The garrisons of Fort Laramie, Wyoming, Fort Hays, Kansas, and Fort Lyon, Colorado, by S. O. 69, A. G. O., August 31, 1889, will be withdrawn, and the posts named will be abandoned as soon as it can be done with due regard to economy.

Changes in the Medical Corps of the United States Navy for the week ending September 7, 1889.

NASH, F. S., Passed Assistant-Surgeon. Detached from the "Dale," and ordered to duty in the Bureau of Medicine and Surgery.

RUSSELL, A. C. H., Passed Assistant-Surgeon. Ordered to Naval Hospital, Yokohama, per steamer of September 28.

HALL, C. H. H., Passed Assistant-Surgeon. Detached from Naval Hospital, Yokohama, on reporting of relief, and return home.

WHITE, S. S., Assistant-Surgeon. Detached from Naval Hospital, N. Y., and ordered to the "Minnesota."

STONE, E. P., Assistant-Surgeon. Detached from the "Minnesota," and wait orders.

BRYANT, P. H., Assistant-Surgeon. Detached from the "Ajax," and ordered to Naval Hospital, Norfolk, Va.

WENTWORTH, A. R., Assistant-Surgeon. Detached from Naval Hospital, Norfolk, Va., and wait orders.

Medical Index.

We purpose in this page to give a list each week of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

- A plea for the inebriate, E. J. Kempf, M.D., Jasper, Ind. N. C. Med. Journal, August, 1889.
- Anatomie Pathologique du Glaucome, J. Fontan, Recueil d'Ophthalmologie, Aout, 1889.
- Antiseptic principles, some further applications of, to midwifery practice, Cullingsworth. Med. Press and Circular, August 21, 1889.
- Address in medicine, Jackson. British Medical Journal, August 17, 1889.
- Albuminuria, on the prognosis of cases of, with special reference to life insurance, Pavy. The Lancet, August 24, 1889.
- Asthma, some observations on the causation and treatment of, Robinson. Medical News, August 31, 1889.
- Apostoli's treatment, Black. Maritime Med. News, September, 1889.
- Acute infectious fevers, with especial reference to differential diagnosis, Phillips. Kansas Med. Journal, Sept., 1889.
- Aus der Medicinischen Poliklinik zu Bonn, Hagemann. Berliner Klinische Wochenschrift, August 19, 1889.
- Bradshawe lecture, the, on the distribution and duration of visceral new growths, delivered at the Royal College of Physicians of London, Moore. The Lancet, Aug. 31, 1889.
- Bad air as a disease producer, De Armond. Med. Bulletin, September, 1889.
- Cortical epilepsy—clinical lecture, David Inglis, M.D. Canada Lancet, September, 1889.
- Chorea Erwaschener mit Endocarditis recurrens, Grosse. Berliner Klinische Wochenschrift, August 19, 1889.
- Chirurgie chez les Indiens, La Marais. L'Année Médicale, Aout 15, 1889.
- Carbolic or phenic acid, Branch. Medical World, August, 1889.
- Diplopie monoculaire, Brunschwig. Recueil d'Ophthalmologie, Aout, 1889.
- Die abgestufte Reizung des Herzvagus, Hüfler. Centralblatt für die Medicinischen Wissenschaften, August 24, 1889.
- Die Behandlung des Kenchhustens mit Antipyrin, Sonnenberger. Deutsche Medizinische Zeitung, August 26, 1889.
- Die Therapie der Augenmuskellähmungen, Mauthner. Wiener Medizinische Blätter, August 22, 1889.
- Drainage of the bladder, a new method of, after suprapubic cystotomy, Fowler. N. Y. Med. Journal, Sept. 7, 1889.
- Ein besonderer congenitaler Choaneverschluss, Onodi. Berliner Klinische Wochenschrift, August 19, 1889.
- Ein Fall Creolin vergiftung ferin Menschen, Friede von Ackeren. Berliner Klinische Wochenschrift, August 12, 1889.
- Ein Weiterer Beitiagzur Kenntniss der infektiösen Hühnerenteritis, Klein. Centralblatt für Bakteriologie und Parasitenkunde, August 24, 1889.
- Epilepsy, the surgical treatment of, Alexander. Med. Press and Circular, August 21, 1889.
- Ectopic pregnancy and pelvic hæmatocele, the pathology of. The American Journal of Obstetrics and Diseases of Women and Children, August, 1889.
- Electro-magnet in ophthalmology, notes on the, with a report of nine cases, Briggs. Occidental Med. Times, Aug., 1889.
- Eczema scrotalis, Murich. Medical World, 1889.
- Employment of alcohol in medicine, a contribution towards the discussion on the, Bartley. The Lancet, August 31, 1889.
- Foreign Bodies in the larynx, with a report of the successful removal of fish bones from the larynx of an infant, Waxham. American Practitioner, September, 1889.
- Fractures of the neck of the femur, the treatment of, by immediate reduction and permanent fixation, Senn. Jour. Amer. Med. Asso., August 3, 1889.
- Fracture of the thigh, a case of, with non-union, Manley. Boston Med. and Surg. Jour., August 29, 1889.
- Fulminating pyohæmothorax in an infant aged eight months, Thoney. The Lancet, August 31, 1889.
- Heart tonics, F. C. Heath, M.D. American Lancet, September, 1889.
- Hepatitis and hepatic abscess; their etiology, diagnosis, and treatment, G. Harrison Young, L.K.Q., C.P.I., etc. Medical Press and Circular, August 28, 1889.
- Hæmorrhagic Fever, Lamb. Med. Bulletin, Sept., 1889.
- Hypnotism and suggestion, cases treated by, Ireckey. The Lancet, August 24, 1889.
- Intra-thoracic growths developing from the thyroid gland, Ashe. Med. News, September 7, 1889.
- Joint scraping, on, with table of cases treated, Lediard. The Lancet, August 31, 1889.
- Lumbago, Evan Hadley, M.D., Indianapolis. Indiana Med. Journal, September, 1889.
- L'Honnêteté de Pomée de Villeneuve. Journal de Hygiène, Jeudi, Aout 29, 1889.
- Leprosy, a study on, Sandreczki Atkinson. The Lancet, August 31, 1889.
- La Mort subite dans les maladies graves du larynx, Picards Botey. Revue de Laryngologie d'Otologie et de Rhinologie, September 1, 1889.
- Modern Sanitary Conditions, Geo. E. Waring, Jr., Newport, R. I. Jour. Amer. Med. Asso., September 7, 1889.
- Medical officers of health; their training and the conditions on which they should hold office. An address by E. Ballard, M.D., F.R.S. British Medical Journal, August 31, 1889.
- Milk sickness, Fuller. American Practitioner, Sept. 1889.
- Modern sanitary conditions, Waring. Jour. Amer. Med. Asso., September 7, 1889.
- Music and its therapeutic value, the influence of, Wernuiier. N. Y. Med. Journal, September 1, 1889.
- Medicine and medical education, a cursory review of the progress of, Wheelhouse. Med. Press and Circular, August 21, 1889.
- Nervous System, on the comparative study of diseases of the, Jackson. Medical Record, August 31, 1889.
- On placenta prævia, J. Braxton Hicks, M.D., F.R.S., F.R.C.P., etc. Medical Press and Circular, August 28, 1889.
- On the treatment of cancer of the rectum, T. R. Jessop, F.R.C.S. *Ibid.*
- Ornells est la Meilleure Methode d'Extraction de la Cataracte, Aguilar Blanch. Recueil d'Ophthalmologie, Aout, 1889.
- Olfactory nerve, the; its quantitative and qualitative tests, and its physiological importance, its intracranial course and diseases, Dana. N. Y. Med. Journal, Sept. 7, 1889.
- Physiological value of meat food for invalids, and waste in methods of preparation, Chas. Moore Jessop, M.R.C.P., Lond. British Med. Journal, August 31, 1889.
- President's address delivered at the fifty-seventh annual meeting of the British Medical Association, Wheelhouse. British Medical Journal, August 17, 1889.
- Pathologie de la tuberculose, Germain Sée. La France Médicale Jeudi, Aout 22, 1889.
- Progress in education, signs of, Cincinnati Lancet-Clinic, August 31, 1889.
- Pharmaceutic instruction in different countries. Pacific Record of Medicine and Surgery, August 15, 1889.
- Recent advances in the treatment of diseases of the skin, L. Duncan Bulkley, M.D., New York. Jour. Amer. Med. Asso., September 7, 1889.
- Railway surgery, L. E. Russel, M.D. Journal of the Nat. Asso. of Railway Surgeons, August, 1889.
- Salines in peritonitis, G. W. Miltenberger, M.D. Maryland Medical Journal, September 7, 1889.
- Sur l'Hygrométricité de la Substance Solide du Corps Vitré, E. Haghe. Recueil d'Ophthalmologie, Aout, 1889.
- Vaginal hysterectomy with abdomina ovariectomy, A. Groves, M.D. Canada Lancet, September, 1889.
- Wider die Lehre von der Selbstinfektion, Wilhelm Thorn, Magdeburg. Berliner Klinische Wochenschrift, August 19, 1889.

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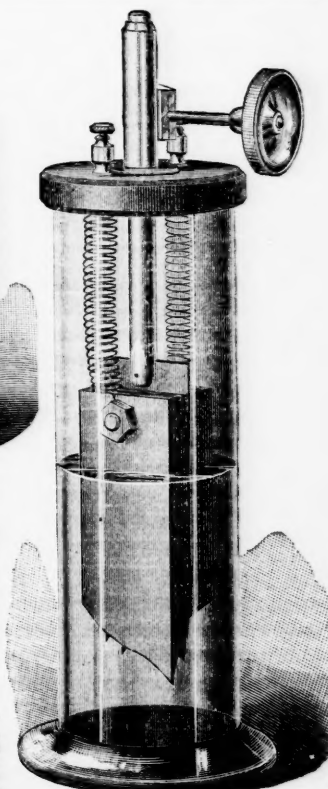
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Notes and Items.

In the absence of Prof. W. H. Pancoast, his assistant Dr. Chas. M. Phillips, answered a call to a case of emergency at Atlantic City, returning shortly after by special train to Philadelphia.

A PROMISING FIELD FOR HYPNOTISM. — It is claimed that the French have discovered a new way of curing the drink habit. The subject is hypnotized and while under the mesmeric influence is told he must never drink again, and must feel disgust for liquor. The results are said to be marvellous. There seems to be no good reason why the onion in its natural state, chewing gum and cigarettes should not be rendered innocuous, unfortunate attachments which threaten *mesalliance* broken off, and a hundred other reforms accomplished by the same agency.

—*Medical Standard.*

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made by STEVENSON & JESTER, Philadelphia, and you will get a Syrup free from cloud or deposit, and in which each Salt is A PURE HYPOPHOSPHITE. Each fluidrachm or teaspoonful contains:

Strychnine Hypophosphite,	1-120 grain.	Sodium Hypophosphite,	$\frac{1}{4}$ grain.
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THE utility of artificial legs and arms with rubber feet and hands is evidenced by the operations of over nine thousand men, women and children distributed throughout the entire civilized world. Strange as it may seem, this army of cripples mingles with the vast populace and their misfortunes are lost to sight. Men engage in all manner of vocations, manual, arduous, menial, on the farm, at the forge, in the mines, at the desk. Women attend to their household duties, whether in the kitchen, laundry, drawing-room or parlor. Children wearing one or a pair of artificial limbs are no longer objects of pity and dependence; they indulge with other children in all manner of sports, they skate, ride the bicycle, romp and tumble about just as healthy and merry children should do.

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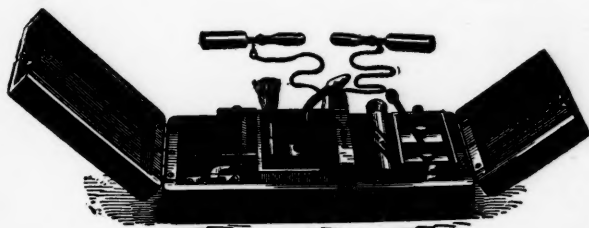


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Every fluid drachm contains 15 grains EACH of Pure Chloral Hydrat, and purified Brom. Pot., and one-eighth grain EACH of gen. Imp. ext. Cannabis Ind. and Hyoscyam.

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One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

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Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness and delirium of fevers it is absolutely invaluable.

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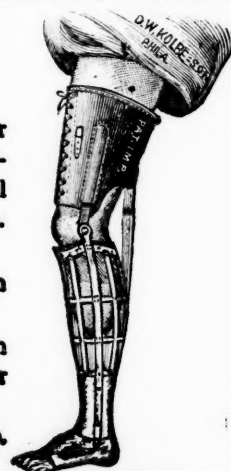
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The Regular Session begins September 30, 1889, and continues until the middle of April. It is preceded by a Preliminary Session of three weeks, and followed by a Spring Session lasting until the middle of June.

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Preliminary examination or equivalent degree and three years' graded course obligatory.

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ALETRIS CORDIAL

UTERINE TONIC AND RESTORATIVE.

Prepared from the Aletris Farinosa or True Unicorn and Aromatics.

INDICATIONS.

Amenorrhea, Dysmenorrhea, Leucorrhea, Prolapsus Uteri, Sterility, to Prevent Miscarriage, Etc.

DOSE:—ONE TEASPOONFUL THREE OR FOUR TIMES A DAY.

UNRIVALED AS A UTERINE TONIC IN IRREGULAR, PAINFUL, SUPPRESSED AND EXCESSIVE MENSTRUATION.

It Restores Normal Action to the Uterus, and Imparts Vigor to the Entire Uterine System.

Where women have miscarried during previous pregnancies, or in any case where miscarriage is feared, the **ALETRIS CORDIAL** is indicated, and should be continuously administered during entire gestation.

CHAS. CLAY, M. R. C. S., Manor House, Dewsbury, England, says:—I find Aletris Cordial (Rio) is of great service in threatened miscarriage.

FRANCIS E. CANE, L. R. C. S., &c., Leeds, England, says:—I have tried the Aletris Cordial (Rio) in two cases of long standing dysmenorrhea, with excellent results. One of these patients has spent a week in bed every month for two years. After all the usual remedies, I put her on Aletris Cordial, and for the last two periods she has been out and about all the time.

L. M. WATSON, M. D., Delhi, Ills., says:—I have used Aletris Cordial (Rio) in cases of dysmenorrhea, suppressed menses and threatened miscarriage, and also, combined with Celerina, as a tonic after confinement, with the happiest results, and now I am using it on a case of leucorrhea, with injections of S. H. Kennedy's Extract of Pinus Canadensis, and it is acting like a charm.

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Dr. RASQUINET, Jupille, near Liege, Belgium, says:—I tried Aletris Cordial (Rio) in the case of a woman who had had several miscarriages at the end of five months, and who is now again pregnant, having reached the seventh month: thanks to Aletris Cordial.

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J. T. COLLIER, M. D., Brooks, Me., says:—I have used your Aletris Cordial (Rio) in cases of females at the menopause. Consider it one of the finest remedies for these cases.

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R. D. PATTERSON, L. R. C. S. &c., Medical Officer, Caledon Dispensary, Co. Tyrone, Ireland, says:—I have very great pleasure in testifying to the very high opinion I hold of Aletris Cordial (Rio) in threatened miscarriage.

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I have subjected "Maltine" and all other leading "Extracts of Malt" to an exact quantitative comparison of their diastatic activity.

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MALTINE with Cascara Sagrada.
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Physicians may obtain Maltine from all druggists in every part of the world. In cases where the physician intends to prescribe Maltine, the word "Maltine" should be written, and not simply the words "Malt Extract" or "Extract of Malt."

Send for Pamphlet giving comparative analysis by 100 of the best Analytical Chemists in this country and Europe.

We will be happy to supply any regular practitioner with eight ounces each of any three Maltine compounds that may be selected from our list, providing he will agree to pay express charges on same.

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54 WARREN STREET, NEW YORK.

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(Please mention The Dietetic Gazette.)

HOFF'S MALT EXTRACT

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Manufactured by **LEOPOLD HOFF**, Hamburg.

SPECIAL NOTICE.

On and after July 1, 1889, the original and genuine imported **Hoff's Malt Extract**, introduced into the U. S. by **Leopold Hoff** in 1866 and imported continuously by us since 1869, will have our name incorporated in the label, which will hereafter read



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It will also have a caution label in German pasted on the back of each bottle and will be sold as heretofore in the U. S. only in the special green bottle (see cut) adopted for America in 1869, with our signature on metallic cap, to counterfeit which is felony.

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STANDARD NUTRITIVE TONIC

FOR

Convalescents, Nursing Mothers, Sick Children,
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Superior to any other preparation as a Safe and
Pleasant Appetizer and Invigorant, and as a food
in

TYPHOID FEVER.

It is necessary to specify **Hoff's Malt Extract**,
TARRANT'S, when prescribing, in order to obtain the
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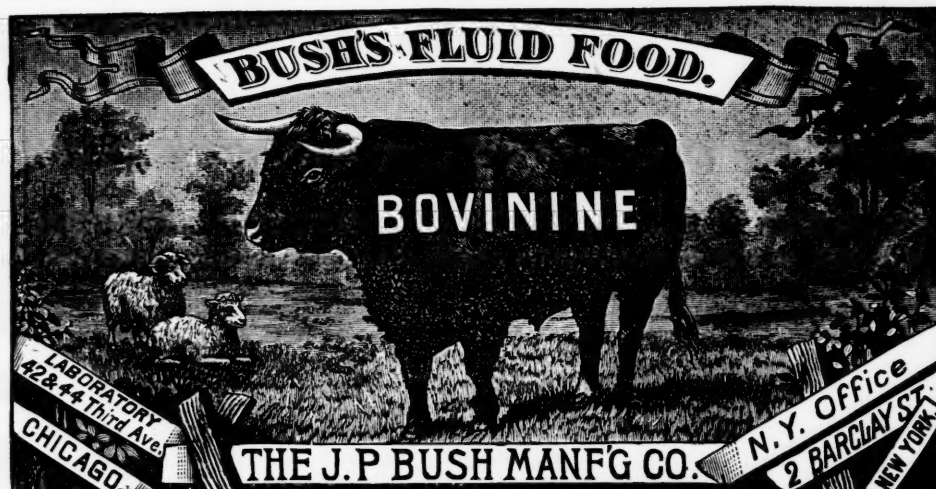
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ESTABLISHED 1834.

Soothes Ulcerated and Cancerous Conditions of the Digestive Tract.



Indispensable in Phthisis, Pneumonia and Acute Bronchitis.

RAW FOOD EXTRACTS AND THEIR VALUE.

FROM AN ESSAY READ BEFORE THE AMERICAN MEDICAL ASSOCIATION AT WASHINGTON, D. C., MAY 6th, 1884,

By B. N. TOWLE, M.D., OF BOSTON.

"Nervous debility and neuralgia are often the results of nerve starvation. They are now, more than ever, the dread of every intelligent physician, and the terror of all business men. The weary hours of pain, and the sleepless nights of those suffering from nervous diseases, are but the beseechings of an exhausted nerve for food. Hungry and starved, they make their wants known by the pain they set up as their only agonizing cry; and no medication will give permanent relief until the hunger is satisfied.

Our research, then, must be to find a more easily digested and assimilated food.

Observation seems to sanction the fact that vegetable food elements are more readily assimilated by persons of feeble digestion than are the animal food elements, and especially when they have undergone the digestive process in the stomachs of healthy cattle. The juices of these animals, when healthy and fat, *must* contain all the food elements in a state of solution most perfect, and freed from all insoluble portions, and hence in a form more easily assimilated than any other known food.

I have used Raw Food Extracts for more than eight years, in a large number and variety of cases, and in no case of malnutrition has it failed to give relief.

I have given it to patients continuously for months, with signal benefit, especially in complicated cases of dyspepsia, attended with epigastric uneasiness arising from enervation, and in nervous debility of long standing. The sudden and full relief this food affords patients who have a constant faintness at the stomach, even immediately after taking food, shows how readily it is assimilated. This faintness is a form of hunger, and is the cry of the tissues for food, not quantity but quality—a food that the famishing tissues can appropriate and thrive upon.

Raw Food is equally adapted to lingering acute diseases. I have used it in the troublesome sequelæ of scarlatina, where there was exhaustion from abscesses in the vicinity of the carotid and submaxillary glands; and in protracted convalescence from typhoid fever, with marked advantage. The cases that I especially value it in are laryngeal consumption and nervous exhaustion, in which cases there is always more or less derangement of the digestive tract, such as pain in the stomach, constipation, eructation of gases, distress after taking food, etc. Raw Food should be taken with each meal, the patients taking such other food as they can readily digest, in quantities suited to the individual case.

It adds much to the nutrition of the patient, overcomes the constipation, subdues the nervousness by increasing the strength, and is just the amount added which is required to secure success."

The unsolicited opinion of Surgeon-General Murray, U. S. A. (Retired).

"It gives me pleasure to give my testimony to the very great value of BOVININE as a dietetic preparation. I have used it for more than a year in a very aggravated case of nervous dyspepsia, and have found it to answer very much better than any of the many preparations or extracts of meat before used.

I find that it keeps perfectly even in the warmest weather; is very easily prepared for administration, and it has proved acceptable and beneficial in every case in which I have known it to be given."

PHILADELPHIA, PA., March 1st, 1887.

Very respectfully and truly yours,

R. MURRAY, M.D.,

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PALATABLE, NUTRITIOUS AND EASILY ASSIMILATED BY THE MOST DEBILITATED DIGESTIVE ORGANS.

Put up in 6 and 12 Ounce Sizes, at 60 cents and \$1.00 per Bottle.

12 Ounces contain the Strength of 10 Pounds of Meat.

CAREFULLY PREPARED BY THE

J. P. BUSH MFG. CO.,

2 Barclay Street, Astor House, New York

42 and 44 Third Avenue, Chicago

Pepsin in Infantile Diarrhoea.

In a recent number of a Journal appears an advertisement under the above caption, which goes on to show that "one of the causes which incites and perpetuates the gastric and intestinal inflammation is undigested, or partially digested, fermenting milk or other food," and that "it is as an aid to the removal of this cause, both in predigesting milk or other food before it is given, and in digesting fermented undigested food in the stomach, that pepsin is indicated in infantile diarrhoea, and its efficacy has been well attested by many well known medical writers," all of which is undoubtedly true.

But the active principles of commercial pepsins are the pepsin ferment proper, and the milk-curdling ferment, and it being only the latter that is concerned in the diet of nursing infants, just to the extent a pepsin contains the curdling ferment is it useful in infantile diarrhoea. Hence, all that the advertising company referred to has to say about the wonderful digestive power of its pepsin as applied to *albumen*, is something like trying to prove black to be white by stating that something else is white—in other words, assuming the statement of the company to be true as regards the digestive power of its pepsin (and it is an assumption), such a mode of test is no proof whatever of the value of the article in infantile diarrhoea.

That the pepsin referred to possesses the *very odor* that its manufacturer names as characteristic of putrefaction, is not only a self-condemnatory fact, but is a sign of danger inadvertently hung out by this would be authority.

All soluble forms of what are termed pure pepsin (*i. e.* free from added material) are more or less hygroscopic, and the pepsin referred to is no exception in this particular—though the company manufacturing it claim the contrary. Any one can prove this by exposing to the air, side by side during damp weather, samples of soluble pepsins, using for control a sample of Ford's Pepsin which will be found unaffected by prolonged contact with moist air. Air, heat and moisture are the essential conditions of putrefaction. Either of the two former cannot be guarded against in the case of pepsin, nor is it necessary that they should if ordinary care is exercised against unnecessary exposure. When a manufacturer advises the use of a hygroscopic pepsin as though it were non-hygroscopic, there is liable to be rapid deterioration if the user obeys instructions, and consequently but little medicinal advantage derived, no matter how high the test of the article when fresh.

The medical profession has so long and successfully used

GOLDEN SCALE PEPSIN

for liquid forms and combinations, and

FORD'S PEPSIN

for all dry forms where exposure has been necessary, and either or both for predigestion of foods as well, that they may well be ranked as

THE STANDARD PEPSINS.

These have stood the test of time, and withstood the attacks of competitors, therefore must possess intrinsic merits which is the best endorsement.

New York & Chicago Chemical Co.,

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Corresponding please mention The Times and Register.

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Apollinaris

"THE QUEEN OF TABLE WATERS."

The filling at the Apollinaris Spring (Rhenish Prussia), during the year 1887 amounted to
11,894,000 Bottles,
and during the year 1888 to
12,720,000 Bottles.

Sole Exporters: THE APOLLINARIS CO., Limited.
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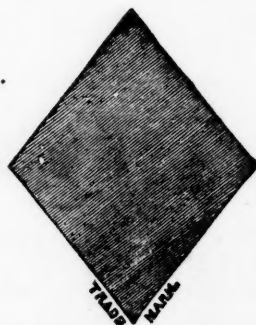
The Best Natural Aperient.

THE APOLLINARIS COMPANY, Limited, London, beg to announce that, as numerous Aperient Waters are offered to the public under names of which the word "Hunyadi" forms part, they have now adopted an additional Label comprising their registered Trade Mark of selection, which consists of

A Red Diamond.

This Label will henceforth also serve to distinguish the Hungarian Aperient Water sold by the Company from all other Aperient Waters.

DEMAND THE



DIAMOND MARK.

And insist upon receiving the *Hungarian Aperient Water* of the APOLLINARIS COMPANY, Limited, London.

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